MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 haurs after death and (Type or print) Month physician and campletely filled in by the funeral en please remove carban papers. Pages I and Year after 3. SEX 4. RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED carban papers. Wicomico DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life even if retired.) give street address) Peninsula Salisbury General Hospital event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. RITY OR TOWN 93d. INSIDE CITY LIMITS? 13h COUNTY crematian, ar removal, and in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: resp. permit. IMMEDIATE CAUSE Cancrease & Merastares months the Conditions, if any, which gave) burial-transit rise to immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE physician. stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Pancreas af Health by the haspital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark at wark 22a. I certify that (I) (this haspital) attended the deceased frame 196 & and that in (my) (ear) opinian death occurred on the date and hour and from the saw the deceased alive an be retained director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGI ATTENDING MED. DIRECTOR PHYS TO HOSPITAL Page 4 may b 22e. ADDRESS 22d. PHYSICIA 23 NAME OF CEMETERY OR CREMATORY JURIAL CREMATION 23b. DATE LOCATION (City or Town) (State) 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (AL) 30M REV. 1368 3 1968

Consin engallas deel as sus Ca of Heiss of Panerson & Mismorous Throntes 1/12/68 Ca-Dones - x / 1/25 - 89 2/K1 89 82/01 A9 2/4 45/1-151 X 60.00 Delgesof DEC 1 3 TORUS VENEZUE E 1 DAG

uted within 24 hours after death

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ond in ony event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and lampletally filled in

director, page 3 should be getached for use use more cremation, or removal, sshould be filed with the State Dept. of Heolth prior to buriol, cremation, or removal,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exig

Poge 4 moy be retained by the hospital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL PECOPOS 201

State

185	30	DIVISION	OF THAL RECORD.		CATE OF			KILAND ZIZUI	18	344	43	
DECEASED-NAME (Type or print)	First GEOR	GIA	Middle HARRISON	ASH	Last IBY		2a. DATE OF	Month 19	Y 196	Year 58	2b.	
3. SEX		4. RACE			S. DATE OF BIE	RTH		6. AGE (In years	_	R † YEAR	IF UNDER	
Female	Halls."	Col	ored		Aug.	11,	1888	last birthday) YRS.	MONTHS	OAYS	HOURS	N
7a. BIRTHPLACE (State country) Marvla		7b. CITIZEN (OF WHAT COUNTRY?	8. MARRIED WIDOWED			9. COUNTY OF	DEATH)			

_							De	COMPOCT TY	1		1 6	11.
3. SI	EX	4. RACE			S. DATE OF I	BIRTH		6. AGE (In yeors	IF UNDER		IF UNDER	R 24 HR
F	emale	Color	ed		Aug	. 11,	1888	last birthday) YRS.	MONTHS	OAYS	HOURS	MI
		b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNTY OF	DEATH				
	Maryland	U.S.	Α.	WIDOW	DIVO	ORCED 🔲		WICOMICO)			1
10. (CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS	NOITUTITE	If nat in haspital			(Kind af wark done			BUSINESS	SOR
	lisbury	De	er's Head			al during m	House	life, even if retired.) Wife		JSTRY W n	Hon	ne
13a.	USUAL RESIDENCE (Where deceased ission) STATE	lived, if institut	ian: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY	100. 311	REET AND NUMBER				
	laryland		cester	Sno	w Hill	YES N	° 😾					
14.	FATHER'S NAME First	Middle	Last		1S. MOTHER'S A	MAIDEN NAME	First	Middle			Last	
	Unknown	n				Ur	known					
	WAS DECEASED EVER IN U.S. ARME	D FORCES? ar dates of service)	16b. SOCIAL SECURITY I	NO. 12	7. INFORMANT			outeAddres#	1			10
7.	(es, no, or unknawn) (If yes give war	-		F	Reece S	Sturgi	s, Sno	w Hill,	Md.		-	
	1B. CAUSE OF DEATH (Enter only	ane cause per li	ne far (a), (b), and (c).)							MATE INTERV	
	PART I. DEATH WAS CAUSED IMMEDIATI	BT: E CAUSE (a)	Recurrent	cere	bral th	rombos:	is			2	nont	hs
	4/20	DUE TO, OR A	AS A CONSEQUENCE OF									
	Canditians, if any, which gave) rise ta immediate cause (a),((b)	Hypertensi	ive a	rterios	clerot	ic cardi	ovascular		Ye	ars	
	stating the underlying cause	DUE TO, OR A	S A CONSEQUENCE OF					disease	9			
	last. 443 x	(c)										
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION GIVEN	IN PART I(a)				
~-	Diabetes me	allitue										

CERTIFICATIO 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔣 YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH MEDICAL HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.)
OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Tawn County

While Not while at wark 22a. I certify that (IX (this haspital) attended the deceased from saw the deceased alive an December 19 19 68, November 1919 68 , to December 19 19

and that in (aur) apinian death occurred on the date and havr and fram the causes stated apaye, (X) (we) (did) XXXXX view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 12/20/68

DEGREE 22d. PHYSICIAN'S

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Maryland 22e. ADDRESS Deer's Head State Hospital, Salisbury,

NAME (Type) V. Maldve, M. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

968 Friendship Snow Hill

Snow Hill DEC 2 4 19 REGISTRAR'S SIGNATURE 2Sb.

VR A 45M ·

TARREST SERVICE NAME OF THE PARTY. The second control of Service Company of the Company of th

ofter death any delay is ... Give Pages 1, 2, and 3 to ice along with form PM3. Page

and 2 with the State Department of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1

O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item-18, Give Pagi the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					,		
MFD	ICAL	FΧΔ	MIN	FR'S	CERTIFICA	ATE OF	DEATH

	EASED-NAME	Firs	1	Middle		.ost		20. DATE KNO	WNC Month	Doy Yeor	2b. HOUR
(Ту	pe or Print)	TONY		LAMONT	AYE	RS		OF ES' DEATH MA'		-10-68	M
3. SEX		4. RACE	5. DATE OF BIRT	H 6. AGE (In)	rears IF UNDER	YEAR IF UNDE	R 24 HRS.	2c. DATE PRON			2d. HOUR
I	1	AA	8-3-6		YRS. L	DAYS HOURS	MIN.	Month	12 Doy 10	Yeor68	5:30M
7o. BIF	RTHPLACE (Stot	e or foreign	7b. CITIZEN OF WHA	T COUNTRY? 8.		VER MARRIED	9. COU	NTY OF DEATH			7 111
country	y) Mc		USA	210 (42)	WIDOWED [DIVORCED 🔲		Wicom	ico		Md
10. CIT	Y OR TOWN O		11. NA	ME OF HOSPITAL OR INSTITUTE OR INSTITUTE OF HOSPITAL OR INSTITUTE OF HOSPITAL OR INSTITUTE O	UTION (If not in h				d of work done even if retired.)	12b. KIND OF BU	SINESS OR
		ville		HTD I				None			1
13o. U odn	nission) STATE	CE (Where deced Md •	13b. COUNTY W	ion: Residence before 13c.	ttsvil	13d. INSIDE CIT		13e. STREET AN	, Box 1	114	Irad
14. FA1	THER'S NAME	First	Middle	Lost	1S. MOTHE	R'S MAIDEN NAME	E First		Middle	Los	st
		ARTHUF		AYERS	0.184		JOY	CE		DALE	i i
	AS DECEASED EV	/ER IN U.S. ARMED vn) (If yes give	FORCES? e war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMAL	Toyce	Ayer	s (mo	ther)		
T	18 CAUSE OF	DEATH (Enter or	alv one couse per lin	e for (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	
				Interstit	ial pr	aumoni	tis			hour	
	48	X X		AS A CONSEQUENCE OF	, <u> </u>	OGINOTIL	020	2W 10		11001	
		ny, which gove	1							1000	
3	stoting the u	iote couse (o), iderlying couse	DUE TO, OR	AS A CONSEQUENCE OF				0.45		1 5 40	
	last.) (c)								
P	ART 2. OTHER	SIGNIFICANT CON		IG TO DEATH BUT NOT REL				N GIVEN IN PAR	(T 1(o)		
No.	472)	077471011				NFANCY	•			Too AUTON	CVO
E I	90. DATE OF (PERATION		19b. CONDITION FOR WHICH WAS PERFORMED?	1 OPERATION					20. AUTOPS	
CERTIFICATION	N CHTCOLIAL	CALIFE MARC	lou zus os u		Tax warming	Hay offusars u				YES [X	NO 🗌
Z.	PRIMARY C CAUSE OF DEAT	R CONTRIBUTING			21c. HOW IN.	UKY OCCURRED (I	Enter notur	re of inju r y in F	Port 1 or Port 2, Ite	am 18.)	
E 2	1d. INJURY OC	CURRED 21e.	PLACE OF INJURY (A	home, form, street,	21f. LOCATION	Street or R.F.D. N	Jo.	City or To	wn	County	Stote
	WHILE AT WORK	OT WHILE T	octory, office building	, etc.)							
			taak charge of th	e remains described a	bave, held an	Autonsy 🗆	C Ins	pectian X	Inquiry K	l. and in r	ny apinian
5				Accident					nined manner		.,
200		1	1 /			CHIEF MEDICA		R \square			
	ACTUAL SIGNATURE _	//m	1		MI	ASSISTANT ME	DICAL EXA	MINER	22b. DATE		
	EVA MIMED'S		. Royer			DEPUTY MEDIC	CAL EXAMIN	NER X	Dec.	. 12, 1	.968
	NAME (Type)	409 Ca	ımden Av	e., Salish	oury, M	d ADDRESS(Stree	et, city, tov	wn, or county)			
230.	BURIAL, CREMA	TION, 23b	. DATE	23c. NAME OF CEM	ETERY OR CREMA	ORY	23d.	LOCATION (City	or Town)	(County) ((Stote)
	REMOVAL (Spec	II I	2-12-68	Friendsh	nip Met	hodist	Chu	irch.	Snow Hi	11. Wo	r 1
24. F	UNERAL DIRECT			ADDRESS		2So. REC	C'D BY REG	SISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	Denni	s Fune	ral Hom	e. Snow Hi	11. Md	DATE	JEC 1	8 1968	3 your	was Ing	Lee.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed signed by t attending physician. Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After 3 shauld with the S director, page 3 shauld be filed v

24 haurs after death.

30M REV. 1/68

23b. DATE

22b. SIGNATURE

23o. BURIAL, CREMATION

FUNERAL DIRECTOR

REMOVAL (Specify)

PHYSICIAN'S

NAME (Type)

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

MED. DIRECTOR

ATTENDING

22e. ADDRESS

PHYS.

(County) Wico

2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DAAN 2 1969

STAFF PHYS.

22c. DATE SIGNED

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18446

			EKTIFICA	ALE OF DEATH			-	
	ECEASED-NAME Type or print) First	TON Middle	N I	Bive 6	20. DATE OF D	Month Day		2b. HOUR
3. SI		4. RACE Wh. Le		DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR
cou	BIRTHPLACE (State ar fareign intry)	76. CITIZEN OF WHAT COUNTRY?	WIDOWED	L L	9. COUNTY OF D	mico		
	SALISBURY	11. NAME OF HOSPITAL OR INS:	HOS PLT	A L during	ost of working life		12b. KIND OF INDUSTRY	BUSINESS OR
odm	NISSION STATE Y LAND		DOSAIN (PITY YES N	10 10	ET AND NUMBER 7 BALTI	MORE	AKG
	FATHER'S NAME First		+	MOTHER'S MAIDEN NAME	9 4	Middle		Lost
		rar or dates of service) 217-09-13	41 M	RE. MI. M. C	BIREH	O C DA A		Mo
2	PART I. DEATH WAS CAUSE	ly ane cause par line for (a) (b), and (c).) OBY: ATE CAUSE (a)	The	rombos	-		BETWEEN OF	WATE INTERVAL NSEP AND DEATH
	Canditians, if any which gave	DUE TO, OR AS A CONSEQUENCE OF						/
	rise ta immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF						
N	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART I(a)		947
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED	2Da. AUTOPSY? YES NO	CALISES	ES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CEI	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Month Day Year ner) P.M. 19		V INJURY OCCURRED (Ente	er nature of injury	in Part 1 ar Part 2,	Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY,) 21f. LOCA	ATION Street ar R.F.D. No	o. City a	Town	Caunty	State
	sow the deceosed a	is hospitol) ottended the deceose live on19 (we) (did) (did not) view the b	9, ond	that in (my) (our) op oth.		curred on the do		(I) (we) Io and from th
	22b. SIGNATURE	2 luno	DEGREE	PHYS.	MED. DIRECTOR	STAFF D 22c. I	DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type)			22e. ADDRES8				
	BURIAL, (REMATION, 23b. I	-/26/68 Ever	EMETERY OR GI	w	23d. LOCATION	(City ar Town)	(County)	(Stote)
24.	FUNERAL DIRECTOR A. B.	intrace Baddress	· M	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely thed in by the Kaero director, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 second be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CEKHILIC	AIE OF DEAIR	1		TOIL	4
1. DECEASED (Type or	* 43	irst IINNIE	Middle		Lost	2o. DATE O	F DEATH Day	Year _	2b. HOUR
	L'		ONORA	10	PLAdes		ecember 1	8 68	3AN
	male	4. RACE	White		Nov. 10,	1884	6. AGE (In years last bighday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPI country)	IACE (State or foreign Maryland	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9. COUNTY O	Wicomico		Md
	TOWN OF DEATH		11. NAME OF HOSPITAL OR IN		tin hospital 12a. U. Hospital during		(Kind af work dane Llife, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR me
13a. USUAL admissian) ₁	RESIDENCE (Where de DeTaware	ceased lived, if i	nstitutian: Residence before	13c. CITY OR Seafo			R.F.D. #1,		
14. FATHER			ddle Lost liamson	15.	MOTHER'S MAIDEN NAME Anna		Middle		Last
160. WAS E Yes, no.	or unknawn) (If yes	ARMED FORCES?	16b. SOCIAL SECURITY 218-09-5	NO. 17. IN 883 Mr	FORMANT s. Naomi Wo	orkman,	Address Seaford, D	elaware	, RFD
rise to stotin lost. PART	tions, if any, which go o immediate cause (g the underlying cau 2. OTHER SIGNIFICANT	(b), (b)	, OR AS A CONSEQUENCE OF	MA	THE TERMINAL DISEASE O	DR CONDITION GIVE	Mis Albert (o)	£	
190. D. 210. A	ATE OF OPERATION	19b. CONDITION F	DR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY2 YES NO	CALISE	F YES, WERE FINDINGS C S OF DEATH?	ONSIDERED IN C	ERTIFYING
S □ OR (ACCIDENT WAS UNDER CONTRIBUTING CAUSE OF ther, notify medical ex INJURY OCCURRED	DEATH HOUR aminer)	D 44	9	N INJURY OCCURRED (Er				
While at wor	Not while at work		OFFICE BUILDING, ETC.				ar Tawn	Caunty	State
22G.	saw the decease causes stated ab	ove (H) (we)) ottended the deceas (did) (did not) view the	ea from 19, and body after d	that in (my) (aur) a eath.	pinion death	accurred on the do	te and hour	(I) (we) last ond from the
22b. Sl	IGNATURE	Bul	le	DEGRE	ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNED	68
	PHYSICIAN'S NAME (Type)	VAZ	Brille		22e 490 1111	ral a	ment	Mish.	md
	AN AS BERIAN	Dec. 20	,1968 Junio	CEMETERY OR CO	Cemetery	Pres	ON (City or Town)	(Caunty)	(State)
	ptom Funer	al Home	, Federalsbu		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	ta.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. 1 and 2 hours offer deoth. by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely (the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon page saked the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301_W. PRESTON STREET, BALTIMORE, MARYLAND 21201

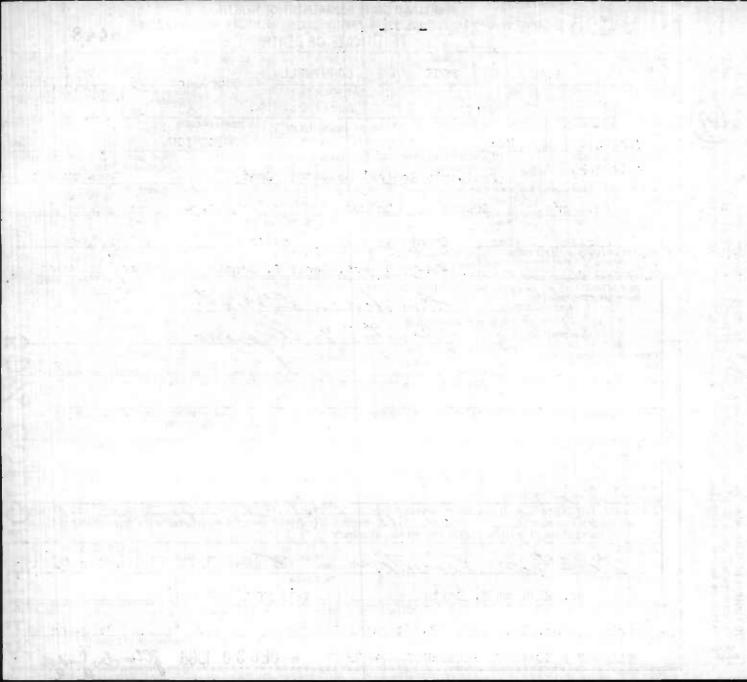
CERTIFICATE OF DEATH

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	OF	DEA	TH			1	O	4	4	(

1. DECEASED-NAME (Type or print)	First	Middle		Last	2a. DATE OF DEA	TH Manth Day	Year	2b. HOUR
(Type or print)	IVAN	POST	В	ONNIWELL	Decembe			7 · 05A
. SEX	4. RACE			DATE OF BIRTH	16./	AGE (In vegrs	IF UNDER I YEAR IF	UNDER 24 HRS.
Male	Wh	ite	A	pril 28, 19	908 6	ost birthday) VRS.	MUNITS UNTS IN	MIN.
BIRTHPLACE (State or for	eign 7b. CITIZEN OF W	'HAT COUNTRY?	8. MARRIED 🔽	NEVER MARRIED	9. COUNTY OF DEA	тн		
Virginia	USA		WIDOWED _	DIVORCED [WICOMI	CO		N
CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INST	ITUTION (If nat	in haspital 12a. US	UAL OCCUPATION (Kin	d af wark dane	12b. KIND OF BU	
Salisbur	y Pe	street address) eninsula Ger	neral H	ospita	mast of warking life, hef	even if retired.)	Restaur	ant
3a. USUAL RESIDENCE (Whe	e deceased liver, if institu	tian: Residence befare	13c. CITY OR TO			AND NUMBER		
Dela	e deceased liver, if institu	ussex	De 1 mar	YES	NO □ Rt. 2			
I. FATHER'S NAME Fire	t Middle	Last	1S. A	NOTHER'S MAIDEN NAME	First	Middle	·	Last
Jes	se Lee	Bonniwe	e11	Ali	ce		Lewis	
6a. WAS DECEASED EVER IN Yes, na, ar unknawn)	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO). 17. INF	ORMANT(Wife)		Address R		
No.	it yes give wat as adies of solvice;	231-14-274	19 Mrs	. Doris E.	Bonniwe11	, Delmar		
	(Enter anly ane cause per l	ine far (a), (b), and (c).)	,	5	2 /		APPROXIMATI BETWEEN DNSE	
PART I. DEATH W	S CAUSED BY: IMMEDIATE CAUSE (a)	A.	dea	1- 11	Elest			
4139		AS A CONSEQUENCE OF	1		4			
Canditians, if any, whi		as a consequence of	1	9 /				
rise ta immediate ca	ISB (a) (b)		arry .	1 un	qua			
stating the underlying	cause DUE TO, OR	AS A CONSEQUENCE OF						
last.	(c)							
PART 2. OTHER SIGNIFI	CANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE O	RCONDITION GIVEN IN	PART 1(a)		
= 287X								
19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?			ONSIDERED IN CERT	IFYING
				YES NO [CAUSES OF	DEATH?		
			21c. HOW	INJURY OCCURRED (En	ter nature af injury in	Part 1 ar Part 2, I	tem 1B.)	100
OR CONTRIBUTING CA								
	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOCA	TION Street or R.F.D. N	Na. City or T	gwn	Caunty	State
While Nat while		OFFICE BUILDING, ETC.	/	1 11		/		
di Work di Work	(1) (this haspital) att	tanded the decorre	from	1/1/68 10	/8 ta /	2/5- 10	L.S., that M	V (wa) la
caw the doce	ased alive an	19	68 and	that is (my) (qur) a	ninian death accu	tred on the da	te and haur an	d fram th
causes state	abave, (I) (we) (did)	(did nat) view the be	ady after de	ath.	pinian deam acco	ned an me da	ic and nation an	u mum m
22b. SIGNATURE	lan D		10		4		DATE SIGNED	1
91	20	/soul	DEGREE	ATTENDING PHYS.	DIRECTOR PH	AFF Dec	ember 2	/196
22d. PHYSICIAN'S			-	22e. ADDRESS			W = _ B	
NAME (Type)	r. William I	B. Smith		Salisbu	ry, Maryla	and		
30. BURIAL, CREMATION.	23b. DATE	23c. NAME OF CE	METERY OR CR	EMATORY	23d. LOCATION (C	ity ar Tawn)	(Caunty)	(State)
REMOVAL (Specify)	23b. DATE						(//	,
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	4 11 11 11 11 11			Cemetery	Delmar.		Delawar	,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet of filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remays carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within 74 hours after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



for FUNERAL DIRECTOR: After this certificate has been signed by the ottending prysician and completely filled in by the funeral director, page 3 should be detached for use os the buriol-transit permit. Then place remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Heolth prior to burial, cremotion, or removal, and in ony event, within 72 hours after deoth.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 moy be retained by the hospital or ottending physicion.

30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4	0	7	1	0	
1	O	4	4	9	

		10		C	ERTIFIC	ATE OF	DEATH				TOTT	J
	ASED-NAME	First		Middle		Lost /	0 1	20. 1	DATE OF DEATH		V	2b. HOUR
(тур	e ar print)	Mali	nda	Belle	1	SRAdto	ord		Decemb	Day	1968	1155 N
. SEX	~		4. RACE	1		S. DATE OF	BIRTH		6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1	remale		Wh;	te		Sept.	22,	188	last birth	YRS.	AONTHS DAYS	HOURS MIN.
a. BIF	THPLACE (State		7b. CITIZEN OF WH.		8. MARRIED [NEVER MA	RRIED	9. COU	NTY OF DEATH			
countr	" Maryl	and	US	A	WIDOWED [ORCED 🗌	L W	comico			Mo
	or town of lalisbu			ME OF HOSPITAL OR INST treet oddress) eninsula	Gene		during m	ost of w	PATION (Kind of we vorking life, even if		12b. KIND OF E	BUSINESS OR
3o. U. dmiss	SUAL RESIDENCE ian) STATE	(Where deceas	ed lived, if institution 13b. COUNTY	on: Residence befare	13c. CITY OR W 1 7 7		13d. INSIDE CITY L	O	13e. STREET AND NO	JMBER		
4. FA	THER'S NAME	First	Middle	Lost	15	. MOTHER'S /	MAIDEN NAME F	First		Middle		Lost
	C	harle	swesle	y Truitt		Sal	Ly Eli	zab	eth Lew	is		
16a. W Yes	AS DECEASED EV , na, ar unknawn	(ER IN U.S. ARN)	or or dates of service)	16b. SOCIAL SECURITY N	0. Min	NEORMANT	nes L	ayt	on will	Address ,	Ma.	
Ti				e for (a), (b), and (c).)								NATE INTERVAL
		TH WAS CAUSED		Anterio	Solas	, ti	1/8	art	7158	cse	DETITIES OF	JET AND DEATH
	4120	3		S A CONSEQUENCE OF		0 100						
	onditions, if any		(b)	Ca. THE	Com	apal	ive	Fa	iluno			
	ise to immedio tating the unde		\-/-	S A CONSEQUENCE OF		4-21			7.1000			
	ist.	silving coose	(c)									
F	PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR (CONDITIO	ON GIVEN IN PART 1(a)		
2	4200											
CERTIFICATION	9a. DATE OF OPER	ATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUT	*****	/	20b. IF YES, WERE I CAUSES OF DEATH?	INDINGS CON	NSIDERED IN CEI	RTIFYING
	To. ACCIDENT W				21c. HC	W INJURY O	CCURRED (Ente	er nature	of injury in Part 1	ar Part 2, Ite	em 18.)	
	OR CONTRIBUTING			Month Day Year								
	21d. INJURY OCC While Nat w t work ot we	IRRED 21e		AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LO	CATION Str	eet ar R.F.D. Na	1.	City ar Tawn		County	Stote
2	2a. I certify	that (I) (the	s hospital) atte	nded the decease	d from_L	ec	2,196	8.	to Vec /	0,196	28 , that	(I) (las
	saw the	deceased a	ive an Dec	did not) view the b	68, one	that in (r	my) (ssor) opi	inian a	leoth occurred o	n the date	e and haur o	ind fram the
2	2b. SIGNATURE	Hion	uas C	" Hill	M DEGR	ATTEND	ING A	MED. DIRECTOR	STAFF PHYS.	22c. DA	ATE SIGNED	-68
2	2d. PHYSICIAN'S NAME (Type)				0	22e. AC	DRESS in E B	Slaf	FF Rd.	SAL	LISBUR	Y Md
	BURIAL, CREMATIC			23c. NAME OF C	EMETERY OR	CREMATORY		23d.	LOCATION (City or To	own)	(County)	(Stote)
Ī	EMOYAL Specify	12,	13/68	Wil	larda			771	llanza	Wic	omica	Ma.
24. FL	INERAL DIRECTOR		11 11	AD DRESS	1	11	25a. REC'D B			EGISTRAR'S S		
1	1/10	16/1	raley	selle	me	le p	DATE DE	C 1	6 1968	Lucy	res you	4



	18407	DIVISION OF	VITAL RECORDS,	301 W. PRI			MORE, MAI	RYLAND 212	201 1	845	0	
	ECEASED-NAME First Type or print)		Middle ILLETT	3	rottia	cham	20. DATE OF	DEATH Month	Day	Year 1968	2b. H	HOUR M
3. \$	MALE	4. RACE	white		day 28	ктн , 1882		6. AGE (In year lost birthday) 86	YRS. IF U	THS OAYS	HOURS :	24 HRS. MIN.
	BIRTHPLACE (State or foreign ntry) Maryland	75. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [RIED 7	county of Wi					Md
	CITY OR TOWN OF DEATH Salisbury	give s	Genera	eninsul	a			(Kind af wark life, even if ret armer		2b. KIND OF I NDUSTRY Farmi		OR
adm	USUAL RESIDENCE (Where decear ission) STATE Marylanc	13b COUNTY	on: Residence before	13c. CITY OR T	/ille	YES NO	Rai	Troad 8	- Мар	le, Bo	× 42	2
	FATHER'S NAME First Azariah		lost Britting	gham		Meliss	a	Mid		Parke	Lost	3
160	WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give v	MED FORCES? war or dates of service)	216-07-21			aughter rah M.		Add Pitts\			1and	
	IB. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	D BY: ATE CAUSE (a) DUE TO, OR A	CEREVILLE S A CONSEQUENCE OF MUOCO S A CONSEQUENCE OF	al th	· wy	arect	ion	went	e	APPROXIM BETWEEN ON YEAR	SET AND OF	
CERTIFICATION		Louic E	ING TO DEATH BUT N CH OPERATION WAS PE	sema	THE TERMINAL 20a. AUTO		20b. IF	YES, WERE FINDS OF DEATH?	INGS CONSI	DERED IN CE	RTIFYING	
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF OEA (If either, natify medical exami	TH HOUR A.M.	Month Day Yeor	9	V INJURY OCC	URRED (Enter	nature af inju	ry in Part 1 ar F	Part 2, Item	1B.)		
ME	21d. INJURY OCCURRED 21e While Not while at wark at wark 22a. I certify that (I) (the saw the deceased of	nis haspital) atte	AT HOME, FARM, STREET, FA	ed fram	1-27	, 19_6	, ta	or Town	, 19 69	c_, that	(1) fwe	e) las
	causes stated abov	(i) (we) (did) (did not) view the	bady after de	ath.	IG ME		STAFF PHYS.	22c. DATE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and kampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 haurs after deat 23a. BURIAL, CREMATION, REMOVAL (Specify) VR A15 (4) 30M REV. 1/68

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

John T.

23b. DATE

Dec.

Bulkeley.

10,1968

23c. NAME OF CEMETERY OR CREMATORY

M.

BLVD.

LOCATION (City or Town)

S. SALISBURY

Old Pittsville Cemetery Pittsville, Wicomico, Maryland

ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SBURY, MARYLAND DAT DEC 1 2 1968 Clearles Quise

(County)

SALISBURY,

MARYLAND

(Stote)

TABLE TO SI MANUAL

T. V. Selli

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Proposed by filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haur

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 302 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	adding the same				CERTIFI	CATE OF DE	ATH				1040*	•
	CEASED-NAME	First		Middle		Lost	2	o. DATE OF D		Davi	V	2b. HOUR
(1	ype or print)	DORA		MAE		BROWN		De	cember	Dey 5	1968	6:30R
3. SE	x Fema1		RACE Whi	te		S. DATE OF BIRTH			last birthday)	yrs.		F UNDER 24 HRS. HOURS MIN.
7a. 8	IRTHPLACE (State o		CITIZEN OF WHAT	T COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	, L	WICOM				Md
10. C	ITY OR TOWN OF D	EATH	11. NAM	E OF HOSPITAL OR INS	STITUTION (If	nat in haspital	12a. USUAL O	CCUPATION (I	Kind af wark of ie, even if retir		12b. KIND OF BU	
13o. admi		Where deceased liv	ved, if institution 3b. COUNTY Wi	. Paridanca hatara	13c. CITY C	R TOWN 13d.	INSIDE CITY LIMITS	13e. STRE	ET AND NUMBE			
14. F	ATHER'S NAME	First John	Middle T.	Last Hammon		1S. MOTHER'S MAIDE	N NAME First	e	Midd	dle	Lank	Lost
	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED F		6b. SOCIAL SECURITY I		INFORMANT (Hu					D.#2	land
	18. CAUSE OF DE. PART 1. DEATH A/2 O Conditions, if any, rise to immediate stating the under last.	H WAS CAUSED BY: IMMEDIATE Co which gave e cause (o),	AUSE (a) DUE TO, OR AS	far (o), (b), ond (c). A CONSEQUENCE OF		I Car	Sio C		la	V	BETWEEN ONS	ET ANO OFATH
N	PART 2. OTHER SIG	GNIFICANT CONDITION	ONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL DIS	SEASE OR COND	DITION GIVEN	IN PART 1(o)			
CERTIFICATION	190. DATE OF OPERA	ATION 19b. COND	ITION FOR WHICH	H OPERATION WAS PE	RFORMED	20a. AUTOPSY?	? NO 🔲		ES, WERE FINDI OF DEATH?	NGS CC	ONSIDERED IN CER	TIFYING
A	21a. ACCIDENT WA ☐ OR CONTRIBUTING ((If either, notify m	CAUSE OF DEATH nedical examiner)	P.M.	Month Doy Year	9	HOW INJURY OCCURR		ture of injury	in Port 1 or Po	art 2, 1	tem 18.)	
	21d. INJURY OCCU While Nat wh at wark at war	k				LOCATION Street or	R.F.D. Na.	City o	r Town		Caunty	State
	saw the o	deceased alive	on /d	ided the decease	9 a	nd thot in (my) (, 19 <i></i> aur) opinio	≥, ta <u>/</u> on death oc	curred on the	_, 19 ₄ he dat	te ond hour or	(we) las nd from the
	22b. SIGNATURE	eller	0	elle) DEC	GREE ATTENDING PHYS.	MED.	TOR 🗆	STAFF PHYS.		ember	/196
	22d. PHYSICIAN'S NAME (Type)		er R. F	llis, Jr			cal Cer				Maryla	
230.	BURIAL, CREMATION REMOVAL (Specify)	,	8,1968	23c. NAME OF Bethel		ery	ı	Walsto	(City or Town) n,Wicon	nico	(County) Maryla	(State) nd
24.	FUNERAL DIRECTOR HOLLOW	AY & COM	IPANY, S	ADDRESS SALISBURY	, MAR		DEC S		2Sb. REGIST	TRAR'S	SIGNATURE	Lee.

K. A. A. A. 1000 Property of the property of th THE PROPERTY OF THE PROPERTY O All the least the second of the second of

Yeor

IF UNOER 1 YEAR

INDUSTRY

County

(County)

2b. HOUR

IF UNDER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

Stote

(Stote)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First (Type or print) ROWN 3. SEX 5. DATE OF BIRTH 6. AGE (In years lost birthdoy) 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN DE WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Wicomico WIDOWED A DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Peninsula 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Salisbury General Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO X 14 FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Anow Hell 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART J (6) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town OFFICE BUILDING ETC. While Not while at work , 1968, to_ 22a. I certify that (1) (this hespital) attended the deceased from 1200 100 __19 68, and that in (my) (opinion deoth occurred on the dote and hour and fram the saw the deceased alive on. couses stoted above. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) 40 MA 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) FUNERAL DIRECTOR

executed within 24 haurs the death centificator be

death. unero

hours after

crematian, ar remaval, and in any event, within 72

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attending phystrian permit. Then please

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campletely filled in by the flave carban papers. Pages

signed by the burial-transit p PHYSICIAN: The law requires that be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been elirector, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to ATTENDING TO HOSPITAL O

30M REW 1/68

Dennis Funeral Home, Snow Hill, Md.

DATEJAN 3

VR A15ME (5)

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		The State of the S
. IAU 3 1865 , 26-cc .	12100 U.S. 86\55\5	

MARYLAND STATE DEPARTMENT OF HEALTH

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County)

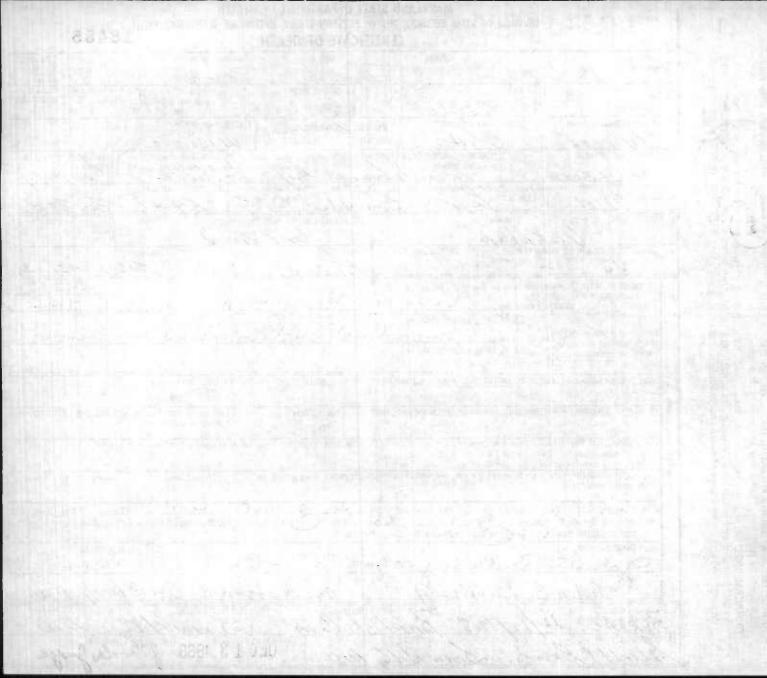
(State)

23a. BURIAL, CREMATION, BEMOVAL (Specify)

24. FUNERAL DIRECTOR

VR A15

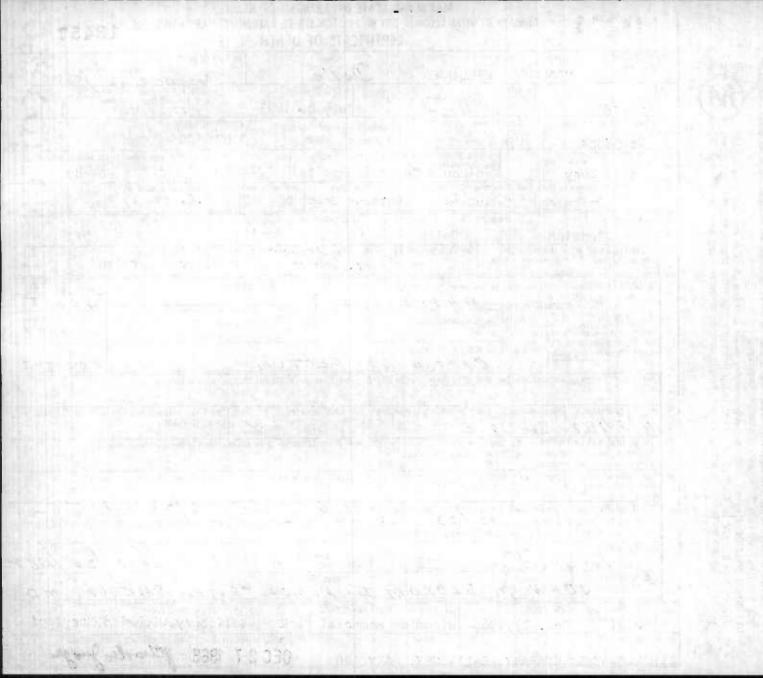
23b, DATE



MARYLAND STATE DEPARTMENT OF HEALTH

Item2c FilmGh08

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	요즘 그 보다 된 적으로 된다면 모든 모든 그런트 살아지다.
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	. T. 역 경험 다양하다 하는 사람이 하는 사람이 되었다.
	THE RESERVE OF THE PROPERTY OF THE PARTY OF
	Notes and the second of the se



O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

O DEPUTY DICAL EXAMINER: 1111s certificate shows by concerning in pencil in Item 18. Give Pages necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages in a case of the certificate with the case of t

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

5 may be retoined for your files.

DICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 18345 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TE				MEDIC	CAL EXAM	MINER'S	CERTIFICAT	E OF DE	HTA			1	0400	
EPT.		ASED-NAME of Print)	First JESS	Tie		ldle	lost			2o. DATE KI	NOWN 🔀		Doy Yeor	2b. HOUR
5					LEE		DOULING			DEATH N	NATED		21-68	8:15 M
<u>.</u>	3. SEX		4. RACE	S. DATE OF BII		6. AGE (In year			24 HRS		ONOUNCED D		V / /	2d. HOUR
	Ma	ale	AA	11-1	1-53	15	YRS.			Month	12 0	21	Yeor 1968	8:15 M
nd nd	7o. BIR country	THPLACE (Stot	e for foreign	7b. CITIZEN OF WI	5.A.	V		VORCED [Wico	mico	74		Md.
80	10. CITY	OR TOWN O	sbury	11. N give	AME OF HOSPIT	al or institutions ula G	ION (If not in hospi eneral	tal 120. U during	SUAL OCC most of	UPATION (Ki	even if re	dene I irrid.) II	26. KIND OF BU NDUSTRY	SINESS OR
the 23		SUAL RESIDEN ission) STATE	CE (Where deceos	ed liwed, if institu	ution: Residence	e before 13c. (ity or town	13d. INSIDE CITY YES N		13e. STREET RFD	AND NUMBE 2, 1		352	
ofter of	14. FAT	HER'S NAME	First	Middle		Lost	1s. MOTHER'S A		First		Middle	3	lo	st
000			David		Ba	iley			Sara	h			Doulir	12
72 hours ofter	160. W/ (Yes,	AS DECEASED EV	/ER IN U.S. ARMED I	ORCES? war or dates of service)	166. SOCIAL SE 219-60	CURITY NO. 0-0644	17 INFORMANT	D	uli	20	ADDRESS	om	oke 1	Nd.
⊆			DEATH (Enter on		ine for (o), (b),	ond (c).)		1,71,7					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
i ti		PART I. I	DEATH WAS CAUSED	BY: TE CAUSE (o)	Bulle	t wou	nd of b	rain		E 12			hour	
event within 72		922	0		AS A CONSEQU								11001	
eve	C	onditions, if	ony, which gove	(6)									100.00	
ny n			liote couse (o), (iderlying couse (DUE TO, OF	AS A CONSEQU	JENCE OF								10.5
		ost.		(4)									DOM: N	
ostion, or removal, and in any event within 72		010	SIGNIFICANT COND	TIONS CONTRIBUT	ING TO DEATH	BUT NOT RELAT	ED TO THE TERMINA	DISEASE OR	CONDITION	GIVEN IN P	ART 1(o)			
byo	CERTIFICATION	90. DATE OF (PERATION	3000		N FOR WHICH	OPERATION						20. AUTOPS	Y?
Lem /	TIFIC				WAS PER	FORMED?							YES X	NO 🗌
o o		lo. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month,	Doγ, Yeor	21c. HOW INJURY	OCCURRED (Er	nter noture	of injury in	Port 1 or P	ort 2, Iten	n 18.)	0.00
on,	MEDICAL	RIMARY LATO CAUSE OF DEAT	R CONTRIBUTING [19:30	MX 12-	29,-68	Accid	ental:	ly s	hot	self	wit:	h pist	ol.
noti	₹ 21	ld. INJURY OC	CURRED 21e.	LACE OF INJURY	At home, form,	street,	21f. LOCATION Stre			City or			County	Stote
cren		AT WORK	OT WHILE TO	tory office building	g'frien	d			nea	r Po	comol	ce,	Wor.,	Md.
buriol, cremotion,				ack charge of t	he remoins o	lescribed ab	ove, held an Au	tansy X						
= = 25							Suicide ,				mined m	mirrore -		ny apinian
10			4)	7 -			HIEF MEDICAL				, iiii	19.	
prior to		ACTUAL SIGNATURE	in		~			SSISTANT MED			22	b. DATE SI	GNED	
P		THE MAINED'S	Earl L.					EPUTY MEDICA	AL EXAMIN	ER X	I	ec.	23, 1	.968
Health prior to buriol, crem		NAME (Type	t09 Cam	den Ave	e., Sa	lisbu	ry, Md.	DDRESS(Street	t, city, tow	n, or county)			
2 =	. 230	RIIRIAL CREMA	TION, 23b.	DATE			ERY OR CREMATORY				ity or Town)	(Coynty) (Stote) /
0	15	REMOVAL (Spec	(Y) /2	227-6	28 Tri	nity 1	neth, C	em.	16	com	oke	4	lor 1	VId.
M	24. FL	INERAL DIRECT	OR			ADDRESS			D BY REGI	STRAR	2Sb. REGIS			
(E) 3h	Sa	Vage	Funera	Home	Motor	Chuna	h Wa	DATEDE	C 2 7	1968	3 10	Mary	as local	S.C.

ATTACHMENT OF THE PROPERTY OF	
STATE OF THE STATE	
	THE STATE
	A PARTY NO.

FOR STATE HEALTH DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages land 2 with the State Deportment of O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Health prior to burial, crematian, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH 301 DIVISION OF VITAL RECORDS. W. PRESTON STREET, BALTIMORE, MARYLAND

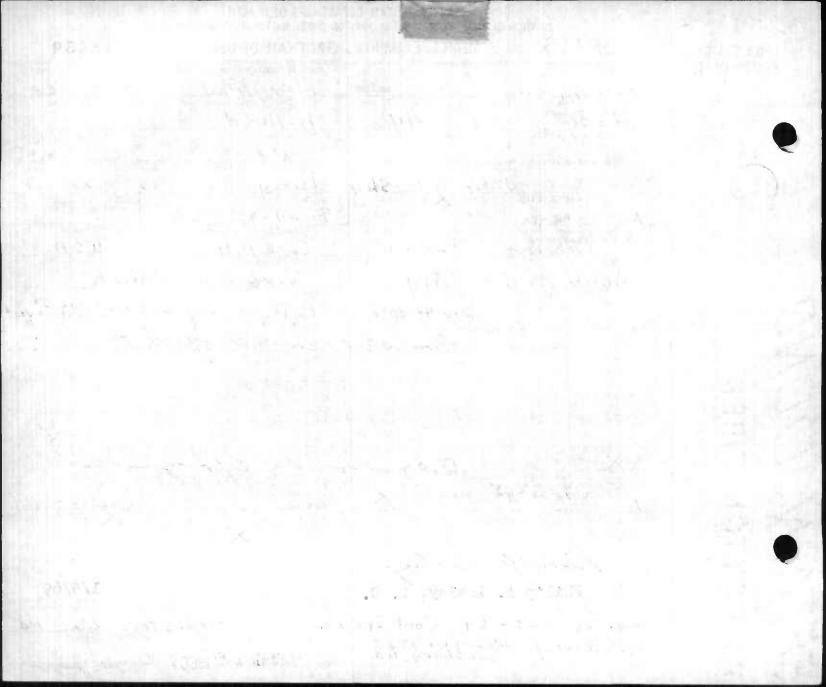
18446

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18459

					2. USUAL RESIDE	NCE (Where deceosed live	d. if institution: Re	sidence before adm	(anissin
1. F	PLACE OF DEATH								
(. COUNTY				a. STATE		b. COUNTY		
	WIC	omico		MARYLAN		4/AND	u	: comic	0
b	. CITY OR TOWN (f outside corparate lin	nits,	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(W outside carporote limit	ts, write RURAL and	d give nearest taw	n)
	Write KUKAL and	give neorest town)	1081	445	1/://	ARd			
_		AL OR INSTITUTION (IF			d. STREET ADDRES			I o IC D	RESIDENCE
C	I. NAME OF HOSPII	ar ok Mazilinilou (il	nor in naspiroi,	give street oddress)	d. SIKEEL ADDRES			e. ON	A FARM?
					17	# 50		YES	NO 🗌
	NAME OF		First	Middle	Lost	4. DATE	Month	Day	Year
	Type or print)		John	1000520	4 Duff	OF DEATH	12	28	1968
5. 5		6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH				NDER 24 HRS.
	11	Nie e	WIDOWED	DIVORCED	9-24	uc lost	birthday) Man	ths Days Hat	urs Min.
00	HELIAL OCCUPATION	(Give kind of work do		IND OF BUSINESS OR		State or fareign country)	3 yrs.	12. CITIZEN OF WHA	T
	ng most of working		11	VATZIIAN		5 17		COUNTRY2	
		Aborer		SAWW:11	JOAC	DHILL		COUNTRY?	
3.	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	0		
	1106	13 W:1	lie 1), CC.	Vi	RGINIA	Address	4/5	
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17 INFORMANT		Address		4
		(If yes give wor or date	e of convice		Q 7T	y Duffy	1285	DIVISON	54.
			121	6-44-8008	Dell	y witty	6200,		
								INTERVAL	DETANCEN
T		ATH (Enter anly ane	cause per line for	r (a), (b), and (c).)	,				
		H WAS CAUSED BY:			X more	und of	Chest	ONSET AN	
		H WAS CAUSED BY: IMMEDIATE CAU	SE (a)	(a), (b), and (c).) June Sh	t woo	und of	Clest		
	965 X	H WAS CAUSED BY: IMMEDIATE CAU D			+ eroz	und of	Cleest		
	PART I. DEA 965 X Canditians, if any	H WAS CAUSED BY: IMMEDIATE CAU D which gave	SE (a)		A eros	end of	Clest		
	PART I. DEA 965 Canditians, if any rise to immediat	H WAS CAUSED BY: IMMEDIATE CAU which gave e cause (a),	SE (a)		et eroz	end of	Clest		
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MEDICAL CERTIFICATION	PART I. DEA Canditians, if any rise to immedial stating the unde last. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY Car CO CAUSE OF DEATH. 20c. TIME OF INJ. Hour a.i.	Which gave e cause (a), D	SE (a)	TO DEATH BUT NOT RELATE ESCRIBE HOW INJURY OCCU INJURY OCCURRED Not While IN OI Work	RRED. (Enter noture of inju Local of the place of the pl	ry in Part Lor Part II af , farm, 20f. (City)	item 18.) egg. tewn)	19. WAS I PERFO	AUTOPSY ORMED? (State)
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	PART I. DEA Canditians, if any rise to immedial stating the unde lost. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH. 20c. TIME OF TIME OF THE COLUMN COLUM	which gave e cause (a), lying cause OF STRIBUTING STRI	SE (a) UE TO (b) UE TO (c) S CONTRIBUTING 20b. Di While at war rge af the rei	TO DEATH BUT NOT RELATE ESCRIBE HOW INJURY OCCU CLOP GRACE INJURY OCCURRED Not While of work mains described obox	e. PLACE OF INJURY (Home factory, street, office bldg re, held an Autopsy Suicide , Hom CHIEF ME M.D. ASSISTAN	ry in Part or Part I af , farm, 20f. (Cityu, , etc.) Inspection icide	item 1B.) Liter 1B.) Liter 16Wn) Inquiry [19. WAS PERFECTOR (Caunty) ond in r	AUTOPSY ORMED? (State)
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MEDICAL	PART I. DEA Canditians, if any rise to immedial stating the undelost. PART II. OTHER SI 20a. EXTERNAL CA PRIMARY TO CO CAUSE OF DEATH. 20c. TIME OF INJIME OF INJI	Which gave e cause (a). In the cause (b) which gave e cause (a). In the cause of th	SE (a) UE TO (b) UE TO (c) S CONTRIBUTING 20b. Di White at wai rge af the rei ural causes	TO DEATH BUT NOT RELATE ESCRIBE HOW INJURY OCCU NJURY OCCURRED OI work Accident Accident Accident 23c. NAME OF CEMETER	e. PLACE OF INJURY (Home factory, street, office bldg re, held an Autopsy Suicide , Home CHIEF ME M.D. ASSISTAN DEPUTY MAddress of the control of the contro	Inspection Inspec	Inquiry L	ONSET AN 19. WAS, PERFO YES (Caunty) Ond in r	AUTOPSY ORMED? (State) MACCONTROL (State) MACCONTROL ATE SIGNED
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VR A15ME (5) 6M 1/67



reges I and 2 with the State Departmen

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 5 may be retained for your files. Health prior to burial, cremation, or remaval, and in any event within 72 hours after death. 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File I

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	1000	3.04	MEDIC	AL EXAM	INEK 2	EKIIF	ICATE	וע זע	EATH					
	ECEASED-NAME Type or Print)	First		Middl	е		Lost			20. DATE KNO	WN Mont	h Doy	Yeor	2b. HOUR
1	Type of Filling	THOMAS	3	W.		EFF	ORD			OF EST DEATH MAT	ED 1	2-7-	689	4:20 N
3. S	EX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years	IF UN	DER 1 YEAR	IF UNDER		2c. DATE PRON				2d. HOUR
	Male	W	10-9-0	04	lost birthday)	MONTHS	OAYS	HOURS	MIN.	Month 1	.2 Doy	7 Yes	or 19 68	4.20 N
	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WH.	AT COUNTRY?	8. M	ARRIED 🔀	NEVER MA	RRIED	9. COU	UNTY OF DEATH		114	1915	
coun	try)	1.	9/.		WII	DOWED _	DIVO	RCED _	1 0	Wicom	ico			Me
10. (ITY OR TOWN O	F DEATH		ME OF HOSPITAL						CCUPATION (Kind	of work done		D OF BUS	
	Salis	bury	gives	treet address) eninsu	la Ger	nera	1	durin		f working life, e	ven if retired.) INDUSTR	nita	tion
		,	ed lived, if institu					d. INSIDE CITY		13e. STREET AN				
0	dmission) STATE	Md.	13b. COUNTY	Wicom:	ico Sa	alis	bury	YES 🔀	NO 🗌	113	E. Lo	cust	St.	
14. F	ATHER'S NAME	First	Middle	T Heili	Lost	15. MO	THER'S MAI	DEN NAME	First	1012 1	Middle		Lost	1
		Samuel		E:	fford			Bern	ett	a		Wi	lson	1
	WAS DECEASED EN	ER IN U.S. ARMED	ORCES? war or dates of service)	16b. SOCIAL SECU	IRITY NO.	17. INFOR	MANT	1	_	20	ADDRESS	1	11	1
(1	1/0	vii) (ii yes give	May or agree or service)			6/1	0,57	e+	1-	totord	031V=	2/1/2	1/	1.
			y one couse per li	ne for (o), (b), or	nd (c).)			Mark.					MPPROXIMATE TWEEN ONSET	
	PART I. E	DEATH WAS CAUSED) BY: NTE CAUSE (o)	Cor	onary	occ.	lusi	on					sudd	en
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	stoting the ur	derlying couse		AS A CONSEQUE								3 3	U	
	last.		(c)											
	PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BU	IT NOT RELATED	TO THE T	ERMINAL D	ISEASE OR	CONDITIO	ON GIVEN IN PAR	T 1(o)			
NO	4201										1000			
CATE	190. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION						20). AUTOPSY	
RTIF	O. FATERMAN	CANCE WAS	TOU THE OF				111111111111111111111111111111111111111						YES 📉	NO 🗆
MEDICAL CERTIFICATION	21o. EXTERNAL PRIMARY 0	r contributing [INJURY Month, Do M.	ργ, Yeor	21c. HOW	INJURY OC	CURRED (E	nter notu	ore of injury in P	ort 1 or Port 2	, Item 18.)		
EDIC	CAUSE OF DEAT		P.I		19	015 10547	1011 64 4	DEDN		411 7				6
N			PLACE OF INJURY (A	r nome, torm, si g, etc.)	rreet,	ZIT. LOCAL	ION Street	or K.F.D. No).	City or To	wn	Count	Υ	Stote
	AT WORK			1 TO 1 1-1		4.1								194
			aak charge af th	_			-	-		spectian X,	Inquiry		nd in m	y apinian
	death re	sulted from:	Natural cous	es X, Ac	cident,	Suicid	e	Hamici	de 🔲,	, Undeterm	ined manne	er		
	ACTUAL	1	1				CHII	EF MEDICAL	. EXAMINI	ER		N. SE		
	SIGNATURE	Earl L	Porror				m.D.			AMINER		TE SIGNED	70	48
	EXAMINER'S NAME (Type)		. Royer	- 6	a Tabahan			UTY MEDIC			Dec	3. 9	, 17	00
220			mden At		alisbu			99116 / 663/		own, or county)	T \	16		
230	REMOVAL (Spec	ify)			ME OF CEMETER				7 70	LOCATION (City		(County)	,	tote)
24	buris FUNERAL DIRECT	200	2-10-68		valve_	Ceme	eter	V 12So. REC'		ivalve	Sb. REGISTRAR			d.
7.0		- JU	al Home	11M2		Ma		DATEDE		2 1968		CS SIGNATU	Deada	2.
T	*000TC	r rungi	ar mone	DIV.	alve,	Ma.		DAIR	UL	V 1900	1	100		-

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			reign was to be
	A PRINT DIRECTOR		The Paris of the Land
	A STATE OF THE STA		
	ALC: NOT WANTED		
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		Application in	
A THE STATE OF THE	0.81	A TOTAL PROPERTY.	
	April 18 Company of the Company of t	674	

18448

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH
18461

	ECEASED-NAME	First	N	liddle	last		2a. DATE OF DEAT	TH		2b. HOUR	
(Type or print)	HELEN	JE	AN	GVANS		December 27 Year 4 10				
3. 5	EX		4. RACE		S. DATE OF B	IRTH	6. A	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
	Female		White		Dec.	2, 192	5 10	st birthday) 45 YRS.	MONTHS DAYS	HOURS MIN.	
7o.	BIRTHPLACE (Stote or	foreign	7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D 🔀 NEVER MAR	RIED 9.	COUNTY OF DEAT	TH	72. 12.3		
cau	Virginia		U.S.A.	WIDOWE		RCED 🗍	WICO	MTCO		Md.	
10.	CITY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL OR INSTITUTION (I	f nat in hospital		OCCUPATION (Kind	d af wark done	12b. KIND OF		
	Salisbur	У	Penins	ula Gen.	Hosp.	during most	of working life of usewif	even if retired.)	INDUSTRY		
13a.	USUAL RESIDENCE (Wission) STATE	there decease	d lived, if institution: Reside	nce before 13c. CITY		13d. INSIDE CITY LIMITS	TOO. STREET	AND NUMBER			
Odin	Maryland		136 COUNTY Cest	er Poc	omoke	YES NO	501	Clarke	Avenu	le	
14.		First	Middle	Lost	1S. MOTHER'S MA	AIDEN NAME First		Middle		Lost	
	Pag			ears		Amy			Sper	ıce	
160	. WAS DECEASED EVER (es, po, or unknown)	IN U.S. ARMI	D FORCES? 16b. SOCIA	AL SECURITY NO. 17	. INFORMANT	100		Address			
	No		215	-20-2291	Mrs C	. M. D	ryden.	Pocomo	ke Cit	y, Md.	
2	18. CAUSE OF DEAT	TH (Enter only	one cause per line for (1),	(b) and (c).) - (1- 0				APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH	
	PART I. DEATH		E CAUSE (a)	Dake	factu	in		- FOR.	2 hu	ults	
	5710		DUE TO, OR AS A CONSE	W.	1 1	1		у.	1-6		
	Canditians, if any, v		(b) Cr	Nh one	8/ 1	wen		00	100 ar	222	
	stating the underly		DUE TO, OR AS A CONSE		100	11.		Lo			
	last. 5811)	(c) (ls		acco	Lous	ar.	1	erry 1	yeurs	
	//		ITIONS CONTRIBUTING TO DI	ATH BUT NOT RELATED	TO THE TERMINA	8 0	- //		1 100	/	
NO	lin		a per	day &	5 15	leedy	of he	man	2000	1	
CERTIFICATION	19a. DATE OF OPERAT	10N 19b. C	ONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTO	PSY?	20b. IF YES, CAUSES OF D	WERE FINDINGS C	ONSIDERED IN CE	RTIFYING	
RTIF					YES [NO 🗌					
	210. ACCIDENT WAS		E.D. 1111E OF 111501C	Dov Yeor 21c.	HOW INJURY OCC	URRED (Enter no	ature of injury in I	Port 1 or Port 2,	Item 18.)		
MEDICAL	(If either, natify me	dicol exomine	r) P.M.	19				4-11-1			
W	21d. INJURY OCCUR While Nat while	RED 21e. F	LACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY.) 21f.	LOCATION Stree	t or R.F.D. No.	City or Ta	IWN	County	State	
	at wark at wark			1	10/1	11	/	11-11	10/		
3	22a. I certify the saw the de	nat (I) (this	hospital) attended the	e deceased from	12/2		<u>S</u> , ta	12/2/N	08, that	(I) (we) last	
	causes stat	ted above,	(V) (we) (did) (did not)	view the body afte	na marin (m r death.	y) (our) opinio	on deoth occur	region the do	te and hour o	and fram the	
	22b. SIGNATURE	/	111					22c.	DATE SIGNED		
		-	1	DE	GREE PHYS.	IG MED.	CTOR D STA	YS.			
	22d. PHYSIGIAN'S	8	/		22e. ADD					200	
	NAME (Type)	Qswal	d J. Burto	n, M.D.	Med	lical C	enter,	Salish	ury, N	ld.	
	BURIAL, CREMATION,	23b. D		NAME OF CEMETERY	W XREMXIDEX	2	3d. LOCATION (Cit	ty ar Tawn)	(County)	(State)	
B	REMOVAL (Specify)	12-	29-1968 M	odestown	Cemete		Modesto			-Va.	
24.	FONERAL DIRECTOR	110		ADDRESS		2Sa. BAPMY	GISTRAN 1969	25b. RECISIRARIS	SIGNATURE	ige	
1	rapert 8	1. 100	Pan Poco	moke City	y, Md.	DATE		-	0		
1.	U D U L I I A	FICLUE	7 (7 1 1								

VR A15 (4) 45M - 1/69

100 100 mm and 100 mm			
	bell	ast of	
	raol .		
		2001100217/	
THE PERSON OF THE PERSON OF THE PERSON			
		Modes of Table	

County

23d_LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNA

State

(Stote)

executed within 24 hours after death hour carbon papers. within ony physician pleose the death certificate cremotian, or removol, signed by the attending buriol-transit permit. Th The low requires that ottending physicion. as the O FUNERAL DIRECTOR: After this certificate hos been OR ATTENDING PHYSICIAN: for O HOSPITAL OR ATTENDING PHYSICIAN Poge 4 moy be retained by the hospital be detoched State Dept. shauld filed r, poge be filed director, should be

DECEASED-NAME

3. SEX

country)

(Type ar print)

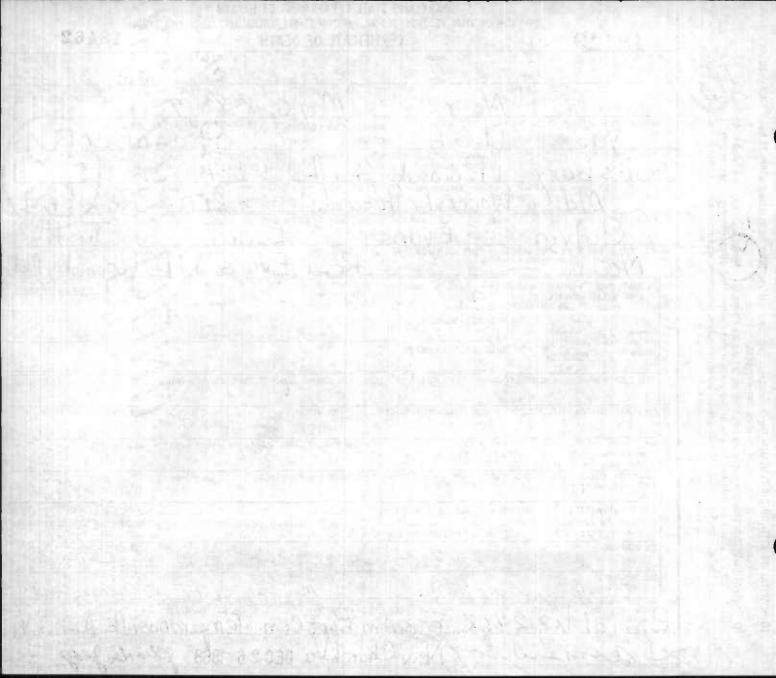
MALE

10. CITY OR TOWN OF DEATH 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 14. FATHER'S NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES . 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at work at work 22a. I certify that (1) (this haspital) attended the deceased from 12-, 19 CK, ta 19_6, and that in (my) (aur) apinian death accurred an the date and haur and fram the 100 saw the deceased alive an. causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Medica

23c NAME OF CEMETERY OR CREMATOR'

FUNERAL DIRECTOR

23b. DATE



(Stote)

ш	18450		CERTIFICA	TE OF DEATI	H		1	040	3
	ECEASED-NAME First	Middle		Last	2a. Di	ATE OF DEATH			2b. HOUR
	Type or print) Char	les CALVIN	4	well	De	cember)	Day /	Year 1868	4:15 PM
3. SI	EX	4. RACE	5.	DATE OF BIRTH		6. AGE (In year last birthday)			IF UNDER 24 HRS. HOURS MIN.
	male	white		JULY 6	1891	+ Idst birlingby)	YRS.	DATS	MIN,
		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	TY OF DEATH			
Tour Sur	TILLIAMSVILLED	LU.S.A	WIDOWED [V	VICOMIC	0		Md.
10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not i	n hospitol 120. L	JSUAL OCCUP	ATION (Kind of work	lane 12	b. KIND OF BI	
IS	ALISBURY MI	give street oddress	1. Hose	TAL during	a mast of wo	orking life, even if retin	ed.) IN	PUSTRY	21
		d lived, if institution: Residence before			ITY LIMITS?	3e. STREET AND NUMBI			
odm	ission) ISTATE LAND	73b. COUNTY RI	13 ERL	JIN YES	NO 🛛	1 RONS	MIRE		
14.	FATHER'S NAME First	Middle Lost	15. A	NOTHER'S MAIDEN NAM	NE First	Mide			Lost
	DAVI	D EWELL	_	FRANCE.	5 (ROPPER			
	. WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY	NO. 17. INF	DRMANT		Addr	ess		
L'	Yes, na, ocunknown) (If yes give wh	(Applicates of service) 191-22-7	163 1	ks. C.C	· TW	GUL BE	RUN	1 N	10
	18. CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), and (c)		, ,				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) Myocard	7 /	where his	~			48	lors
	5320	DUE TO, OR AS A CONSEQUENCE OF		/					2
	Conditions, if any, which gove	(b) Bleeding	de la	enal ula	2.0			57	lavs.
	rise to immediate cause (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	- Anna		-				7
	last.	(c)							
	PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE	ORCONDITION	N GIVEN IN PART 1(o)			
2	5400								
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE FINDI	NGS CONSIDI	ERED IN CER	TIFYING
FE	12-10-68 7	Desti ulier		YES NO	X	CAUSES OF DEATH?			
	210. ACCIDENT WAS UNDERLYING		21c. HOW	INJURY OCCURRED (E	Inter noture	of injury in Port 1 or P	ort 2, Item 1	8.)	
MEDICAL	or contributing cause of DEATH								
MEC	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, FA		TION Street or R.F.D.	No.	City ar Tawn	Cau	inty	State
	While Not while at work	OFFICE BUILDING, ETC.	1						
		s hospitol) ottended the deceos	ed from/_	2-5-,1	9.68,1	0 / 2-10	, 19 6	thot (I) (we) lost
	sow the deceased all	ive on /3 -/0	19 65 and t	hot in (my) (our)	opinion de	oth occurred on th	ne dote or	nd hour oi	nd from the
		(I) (we) (did) (did not) view the	body offer de	oth.					
1	22b. SIGNATURE	//	D.C	ATTENDING 🙀	MED.	STAFF	22c. DATE S	IGNED .	-)
	and following	ang	DEGREE	PHYS.	DIRECTOR	PHYS.	12-	10-6	8
1	22d PHYSICIAN'S NAME (Type)			22e. ADDRESS					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages and 2 shauld be siled with the State Dept. at Health priar ta burial, crematian, ar removal, and if any event, within 72 hours after death. 230. BURIAL, CREMATION, REMOVAL (Specify) VR A15 |#1 30M REV. 1268

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

24. FUNERAL DIRECTOR

23b. DATE

68

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

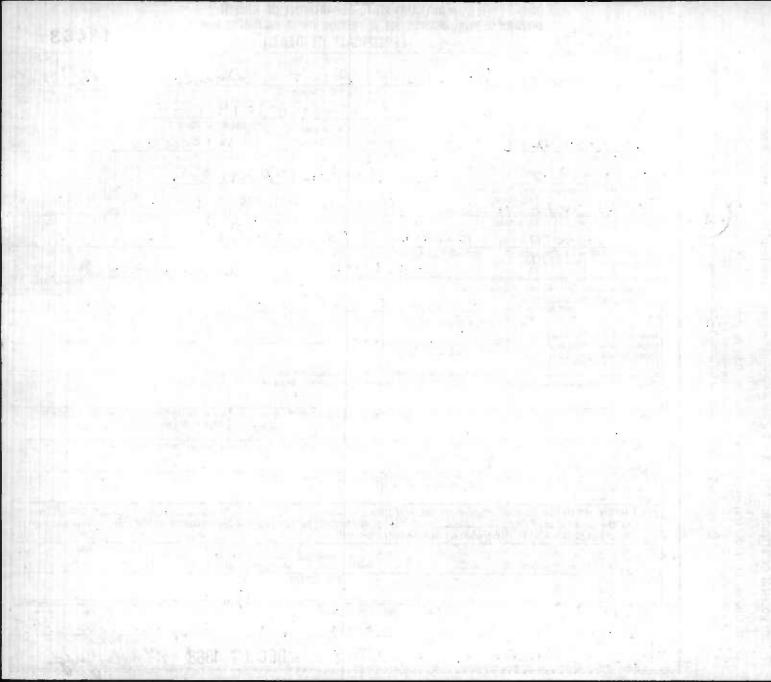
FRORET N

25a. REC'D BY REGISTRAR DATDEC 17 19 1968

23d. LOCATION (City or Town)

25b. REGISTRAR'S SIGNATURE

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Lost 20. Date Of Death Month

18464

18451

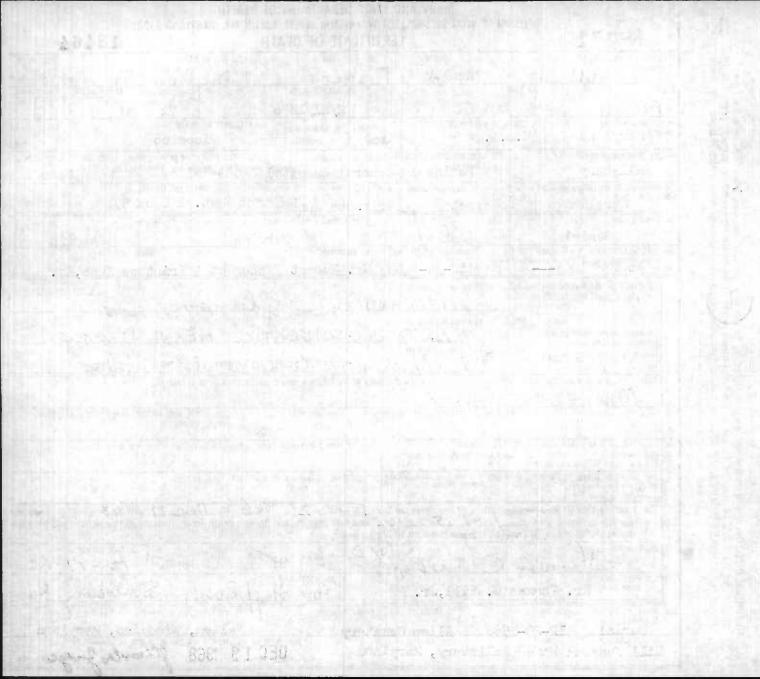
fending physicion and campletely filled in by the funerol rink. Then please remove corbon papers. Pages 1 and 2 cor remove), and in ony event, within 72 bours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the girectar, page 3 should be detached for use os the burial-tronsit p should be filed with the State Dept. of Health prior to burial, cremotide.

Page 4 moy be retoined by the hospital or ottending physicion.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

П		ECEASED-NAME	First	Middle		Last	20. DATE OF DEA	(TH		2b. HOUR
	(1	Type or print) Mild	ne d	Ashley	Fish		D	Manth Day	Yeor	Q 05 M
	3. SE		4. RACE		1311	DATE OF BIRTH	Decen		F UNDER 1 YEAR IF	F UNDER 24 HRS.
		Female		rite	-	2/21/1896	lo	ast birthday) MC		HOURS MIN.
		BIRTHPLACE (State or fareign								
	caur	okinriace (State or Idreign	U.S.A.			ME VER MARKIED	COUNTY OF DEA			
					WIDOWED X	DIVORCED _		mico		Md.
2	10. 0	CITY OR TOWN OF DEATH	11. N	IAME OF HOSPITAL OR INSTIT	UTION (If not i	n haspital 12a. USUAL	OCCUPATION (Kin		12b. KIND OF BU	SINESS OR
/		Salisbury			Jenera	1 Hospital mos	House Mi	even if refired.)	Own Ho	me
	130.	USUAL RESIDENCE (Where d	eceased lived, if institu	tian: Residence before 13	c. CITY OR TO	WN 13d. INSIDE CITY LIMI		AND NUMBER		
1	aami	ission) STATE Maryland	3b. COUNTY Some	rset	rince	ss Annes No	Rt.#	1 B ox 63		
2	14.	FATHER'S NAME First	Middle	Lost		OTHER'S MAIDEN NAME Firs	st	Middle		Lost
	-	Daniel		Ashley		Bernie	Ce		Baldwi	20
	16a.	WAS DECEASED EVER IN U.S.	. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INF			Address	Daluwi	11
	Y	(es, no or unknown) (If yes	s give war ar dates of service)	218-34-8498	Mr	Robert Fish	on P+#1	Princess /	Ama Ma	
		1B. CAUSE OF DEATH (Ent	or only one saves as I		1 (1	1000010 11311	CI ILOHI	TIMICESS	APPROXIMAT	E INTERVAL
		PART I. DEATH WAS C	AUSED BY:	. 4 . 1		0	1		BETWEEN ONSE	T AND OFATH
		11 10 - 1M	MEDIATE CAUSE (o)	MYOCA	(C)) H	- Infa	10 Tron			
		4100		AS A CONSEQUENCE OF		- ()	11 -	D.		
		Canditians, if any, which g rise ta immediote cause	(a) (b)		RIO	SCIEROTIC	- HE	ART DI	GASE	
		stating the underlying ca		AS A CONSEQUENCE OF	1		4	1		
		last. 4201	(c)		7 18M5			re 1)1580	200	
		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT I	RELATED TO T	HE TERMINAL DISEASE ORCO	NDITION GIVEN IN	PART I(o)		
	z	MARKE	D OBI	ESITY						
1	ATIC	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFO	RMED	20a. AUTOPSY?		, WERE FINDINGS CONS	SIDERED IN CERT	IFYING
1	CERTIFICATION					YES NO NO	CAUSES OF	DEATH?		
		210. ACCIDENT WAS UNDER			21c. HOW	INJURY OCCURRED (Enter n	nature of injury in	Part 1 ar Port 2, Iter	n 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE O	NOT DEATH HOUR A.M.	Month Day Year						
	MEE	21d. INJURY OCCURRED		AT HOME, FARM, STREET, FACTORY	(1) 21f. LOCA	TION Street ar R.F.D. Na.	City or T	nwn	County	State
		While Not while of work		OFFICE BUILDING, ETC.	/		6.7		2001117	Sidio
			(this bossies) att	anded the decorred	from > / /	Ma 21, 1961	6 to De	0 17 106	8 , that (I	\ (max \ l= aA
	1	saw the decease	ed alive an	OV 15 190	eR, and t	hat in (my) (our) opini	ion death occu	irred on the date	and hour on	d fram the
3		causes stoted at	oove, (I) (ws) (did)	(did not) view the bac	ly after dec	ith.		itod on the date	4114 11001 011	d trolli ilic
6		22b. SIGNATURE		/ -	MD	ATTENDING MED			TE SIGNED	
		JU	Devas (Hellen	DEGREE			AFF /Z	-17-	-68
		22d. PHYSICIAN'S				22e. ADDRESS	10 1		. 1	111
		NAME(Type) Dr.	Thomas C.	Hill, Jr.		Pine Blul	K, oad	Sale	obury	Md,
	23o.		23b. DATE	23c. NAME OF CEM	ETERY OR CR	MATORY	23d. LOCATION (C	ity ar Town)	(Caunty)	(Stote)
		REMOVAL (Specify) Burial	12-20-1968					Wicomico		'
0		FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY	REGISTRAR	2Sb. REGISTRAR'S SIG		161 EC
X		Hill Funeral	Home Sal:	isbury, Mary	Land	DATDEC	19 1968	geliarl	as Juda	e.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12255

										100		
DECEASED-NAME	First		Middle		Lost	2a. DATE OF		Day				HOUR]
(Type ar print)	Ella	Cl	eveland	F1	eetwood	Dece	mber	1000	196	8	12:	45M
. SEX	12 - 50	4. RACE	11 V.	S	DATE OF BIRTH		6. AGE (In	years	IF UNDER	I YEAR OAYS	IF UNDER	24 HRS.
fema	le	whi	te		May 2, 1	.885	last birthd	YRS.	MONTHS	ONID	HOURS	min.
o. BIRTHPLACE (Stat	e ar foreign 7	b. Citizen of Wha	T COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH					
ountry) Marylan	d	U.S.A	•	WIDOWED X	DIVORCED	Wi	comi	co				Md
o. (ITY OR TOWN O Salisbu		11, NAM give str	ME OF HOSPITAL OR INST eet oddress) e Bluff		Hosp during n	UAL OCCUPATION mast of working I				(IND OF I	BUSINESS	OR
	E (Where deceosed		n: Residence before aroline	13c. CITY OR T			EET AND NU		Ave	nue	9	10
4. FATHER'S NAME	First	Middle	lost		MOTHER'S MAIDEN NAME			Middle		71100	Last	
		Thomas	Andrew			arah		Ell-en)	Ba	akeı	r
6a. WAS DECEASED Yes, na, ar unknav	EVER IN U.S. ARME	D FORCES? 1	213-22-8	O. 17. INF		rds of	: A	ddress		1	AATE INTER	
rise to immed stating the un last.	ny, which gove interest (a), derlying cause	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF		ic cardio							
4221	SIGNIFICANT COND	ITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR	R CONDITION GIVEN	I IN PART 1(0)				
19a. DATE OF OR	ERATION 19b. CO	ONDITION FOR WHIC	H OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO NO	CAHEEE	YES, WERE F OF DEATH?	INDINGS C	ONSIDER	ED IN CE	RTIFYING	9
₹ □ OR CONTRIBUTIO	WAS UNDERLYING NG CAUSE OF DEATH y medical examine	HOUR A.M.	NJURY Manth Day Year 19	100	/ INJURY OCCURRED (Ent	ter nature af injur	y in Part 1 c	or Part 2,	Item 18.			
While Nat	CCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	fory.) 21f. LOC	ATION Street or R.F.D. N		ar Town		Caunt			tate
				The second secon								- V T
saw th	e deceased ali	ve an Dec	nded the decease	968, and	that in (xxx) (our) or ath.	pinion deoth o	ccurred o	O_, 19, n the do	68 ate and	, that haur	(14) (w and fro	e) las im the
saw th	e deceased ali stated abave,	ve an Dec ∰ (we) (did) ★	tid most view the b	968, and	that in (STOK) (our) of ath.	MED. DIRECTOR	staff Phys.	n the do	68 ate and	haur (ond fro	m the
saw th	e deceased ali stated abave,	we an Dec W (we) (did) to	tid most view the b	9 <u>68</u> , and pady ofter de	that in (SZECK) (our) or ath. ATTENDING PHYS.	pinion deoth o	STAFF PHYS.	n the do	DATE SIG	haur d	ond fro	m the

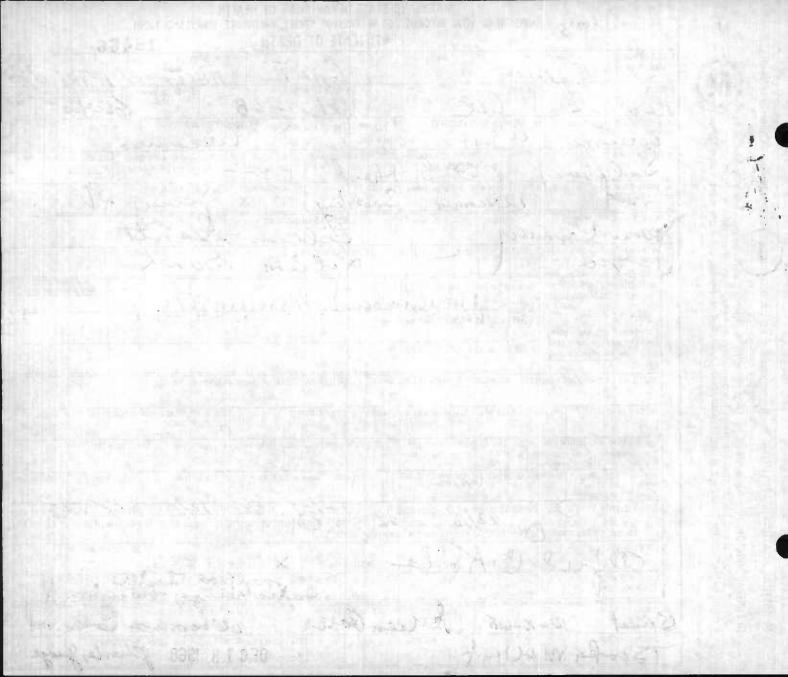
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending consisting and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carban papers. Pages and 2 should be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1768

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

STATE OF THE STATE

Per Pro-Tong Pres D T 530



FOR STATE HEALTH DEPT. any delay is 2, and 3 to

with form

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

DICAL EXAMINER:

TO DEPUTY

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along

This certificate shauld be executed within 24 haurs after death

Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death. 5

VR A15ME 10M REV. 1.

MARYLAND STATE DEPARTMENT OF HEALTH 1845 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18467

	ECEASED-NAME Type or Print)	Firs		Middle		Lost			20. DATE KNOWN OF ESTI-		Doy Yeor	2b. HOUR
		RO'	(WALTER		GLAD			DEATH MATED	□ 12/;	3 168	6:30 M
3. S	EX	4. RACE	S. DATE OF BIR	TH 6. /	AGE (In years	IF UNDER 1 YEAR			2c. DATE PRONOU			2d. HOUR
	Ma1e	White		12,1945	ost birthdoy) 23 YRS			MIN	Decembe	er 39	Yeor 19 68	6:30 M
70.	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED NEVER I	MARRIED	9. COU	NTY OF DEATH			
	Mary1		USA						COMICO		70 E	Me
10. (TY OR TOWN OF			ME OF HOSPITAL OR				SUAL OC	CUPATION (Kind o working life, eve		12b. KIND OF BUS	
130.			1	tion: Residence befo			13d. INSIDE CITY		13e. STREET AND			<u> </u>
0	dmission) STATE	Marylan	13b. COUNTY W	/icomico		uitland	YES 🔲 N	10 🔲	Bohnak 1	Trailer	Park	
14. [ATHER'S NAME	First	Middle	Los	st	15. MOTHER'S A	ALIDEN NAME	First		Middle	Los	1
		Marion	Marvi	n Gla	adden	110000	R	eda	Vir			
	WAS DECEASED EV			16b. SOCIAL SECURITY	/ NO.	17. INFORMANT (Father)	AD	DR₩1933	Pineway	,
- (1	es, no, or unknow No	(If yes give	war or dates of service)	219-42-8	144	Mr. Mar	ion M.	G1a	dden, Sa	alisbur	y, Maryl	and
	18. CAUSE OF	DEATH (Enter or	ly one couse per li	ne for (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	
	PART I. D	EATH WAS CAUSE	D BY:	Frac	ture	of sku	11				sudde	
	816.	()		AS A CONSEQUENCE		0 2 0110		076				
		ny, which gove	(4)								4 6 7 7	
		derlying couse	(b) DUE TO, OR	AS A CONSEQUENCE	OF				F 4 5 - 72 0			
	last.	derlying couse	()									
	PART 2 OTHER S	IGNIFICANT CON	(c)	NG TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR (CONDITIO	N GIVEN IN PART	1(a)		
7	8234	4	THORS CONTRIDOR	NO TO DEATH OUT IN	OT KEDITED	TO THE TERRITOR	DISEASE ON	LONDINO	IN ONER HETAKI	(0)		
MEDICAL CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION FOR		ERATION					20. AUTOPS)	1?
TIFIC	7-12-13			WAS PERFORME	D?						YES 🗆	NO X
CER	210. EXTERNAL		21b. TIME OF	INJURY Month, Doy, Y	eor 2	21c. HOW INJURY	OCCURRED (En	iter notui	re of injury in Port	1 or Port 2, Ite	em 18.)	(A) (A)
IS	PRIMARY OF DEAT	R CONTRIBUTING	6 HOUR AND	12-3-	68 I	Driver	of au	to	which :	ran of	'f road	•
MEC	21d. INJURY OCC	URRED 21e.	PLACE OF INJURY (A	At home, form, street	1, 2	21f. LOCATION Stre	et or R.F.D. No.		City or Town		County	Stote
	WHILE NO	T WHILE T	road	g, etc.)	34	Cedar	Lane,	Fr	uitlan	d, Wic	omico,	Md.
-	22a. 1	certify that I	aak charge af tl	ne remains descri	bed abav	e, held an Au	itapsy ,	Ins	pectian X	Inquiry X	, and in m	y apinian
				es 🔲, Accide						ed manner		
	0.731.050	1	P. //			(HIEF MEDICAL	EXAMINE	R 🗌			0
W	ACTUAL SIGNATURE	1 lon	ハート	1		M.D.	SSISTANT MED	ICAL EXA	MINER	22b. DATE	-	T TEX
190	EXAMINER'S	Ear 1	L. Royer	M. D.			EPUTY MEDICA			Decem	ber 5 /1	1968
	NAME (Type)	409	Camden A	√ĕ., Sali:		9 110		, city, to	wn, or county)			
230	. BURIAL, CREMAT REMOVAL (Speci		DATE			OR CREMATORY			LOCATION (City of			itote)
	Burial	D	ec. 6,196	58 Sprin	ghi11	Memory	Garden	IS Sa	alisbury	, Wicom	ico, Mary	/land
24.	FUNERAL DIRECTO	OR		ADD	RESS		2So. REC'I	D BY REG	GISTRAR 2Sb	. REGISTRAR'S	SIGNATURE	
	HOLLOW	AY & CO	MPANY, SA	ALISBURY,	MARY	LAND	DEC:	9	1968	Marila	Judge	

	THE REPORT OF THE PERSON OF TH			
The state of the s	SELECTION TRANSPORT OF STREET		AND THE PERSON NAMED IN	P E33
	THE PARTY STATES OF THE	TO THE STATE OF THE SECOND		
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The second secon			Mary Lines and the control of the co	
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	Company of the company		ATTENDED THE TOTAL	
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	tin alegania i museti si			
			for a PAY Line.	

FOR STATE DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director Page 4, charled he formed at the function of the fu the funeral director. Page 4 should be forwarded to the Chief Medical Exeminer's Office along with form PM3. Page File pages I and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

5 moy be retoined for your files. TO DEPUTY VR A15MF 3 10M REV. 75 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		MEDICA	AL LAMININE	V 2 CI	LKIIIICAIL	OI DE	AIII		1.	2400	
1. DECEASED-NAME (Type or Print)	Fin SA	MUE L	Middle ADAMS		GRAHAM				oth Doy 2/8		26. HOUR
3. SEX	4. RACE	S. DATE OF BIRTI	d [6, AG	E (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD			2d. HOUR
Male	White	November	30,1906	62 YRS.	MONTHS DAYS	HOURS	MIN.	Month December 8		Yeor 19 68	10: 25M
70. BIRTHPLACE (Sto	ote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MA	RRIED X NEVER MA	ARRIED _	9. COU	NTY OF DEATH		40.59	
Mary Mary		USA				ORCED		COMICO			Mo
10. CITY OR TOWN	of DEATH Sbury	give str	ME OF HOSPITAL OR IN eet oddress) insula Ge		1 Hospit	a 1 during	most of	CUPATION (Kind of work don f working life, even if retired F	le 12b. I NDUS Count	KIND OF BUSI STRY Ly Shei	
		d 13b. COUNTW1	on: Residence before	13c. CITY	OR TOWN	3d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER Wicomico Coul			113(2)
14. FATHER'S NAME	First	Middle	Lost		Is. MOTHER'S MA			Middle		Lost	
	Georg	e W.	Graha	am			1a		Br	ady	
160. WAS DECEASED	VER IN ILS ARMED	FORCES?	6b. SOCIAL SECURITY N		7. INFORMANT (V		-	ADDRESS	Box 9		
(Yes, no, or unkno	(If yes giv	e war or dates of service)		1	rs. Doro	thy F	l. Gr	aham, Salisb	ury,	Mary1	and
1B. CAUSE C	F DEATH (Enter o	nly one couse per line	for (o), (b), and (c).)						APPROXIMATE BETWEEN ONSET	
PART I.	DEATH WAS CAUS	ED BY: IATE CAUSE (o)	Bullet	woun	id of th	norac	cic	aorta		sudde	n
1965	X		S A CONSEQUENCE OF						12.0	112000	
	ony, which gove										
	diote couse (o), inderlying couse		S A CONSEQUENCE OF					-r2			
last.	7 3	(c)							1000		
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1(o)			
= 981)	(a William									
190. DATE OF	OPERATION	1	9b. CONDITION FOR V		RATION					20. AUTOPSY	?
210. EXTERNAL 210. EXTERNAL			WAS PERFORMED?	?						YES 🔀	NO 🗌
	CAUSE WAS	21b. TIME OF IN	JURY Month, Doy, Yeo	ir 2	1c. HOW INJURY O	CCURRED (Er	nter notu	re of injury in Port 1 or Port	2, Item 1B	5.)	
PRIMARY X CAUSE OF DEA	OR CONTRIBUTING	10:490 P.M.	12-8-6	8	Shot by	y esc	capi	ng prisoner	r.		
21d. INJURY O	CCURRED 21e	PLACE OF INJURY (At	home form street					City or Town		unty	Stote
WHILE AT WORK	NOT WHILE T	octory, office building, Court Ho	etc.) DUSE	L	Main St	., Sa	alis	bury, Wicon	mico	, Md.	
22a.	I certify that I	took charge of the	remains describe	ed abov	e, held an Aut	apsy X,	Ins	pection X, Inquiry	XI.	and in my	y opinion
		Natural cause						Undetermined mann	er 🗌		
	150	1 //			СН	IEF MEDICAL	EXAMINE	R 🗍			
ACTUAL SIGNATURE	100	T ~~	2		M.D. AS	SISTANT MED	ICAL EXA		ATE SIGNE		-40
EXAMINER'S		. Royer,			DE	PUTY MEDICA	AL EXAMI	NER X Dec	embe	r 10/1	968
NAME (Type		amden Ave.	, Salisbu	ry,	Md. AD	DRESS(Street	t, city, to	wn, or county)			
230. BURIAL, CREM	10.3	. DATE			OR CREMATORY			LOCATION (City or Town)			tote)
REMOVAL (Spe Buria	T" De	ec. 11,196	8 Wicomi	co M	emoria1			alisbury,Wico			and
24. FUNERAL DIREC			ADDRE		1 0110	2So. REC'					
HOLLO	WAY & CO	OMPANY, SA	LISBURY,	MARY	LAND	DATE DE	FC 1	6 1968 och	anla	Jack	12

DATE DEC 1 6 1968

23185 TARE EN PER ENGINEER STREET, THE STREET, ng prisoner. bury, Wicomico, Md.

CERTIFICATE OF DEATH

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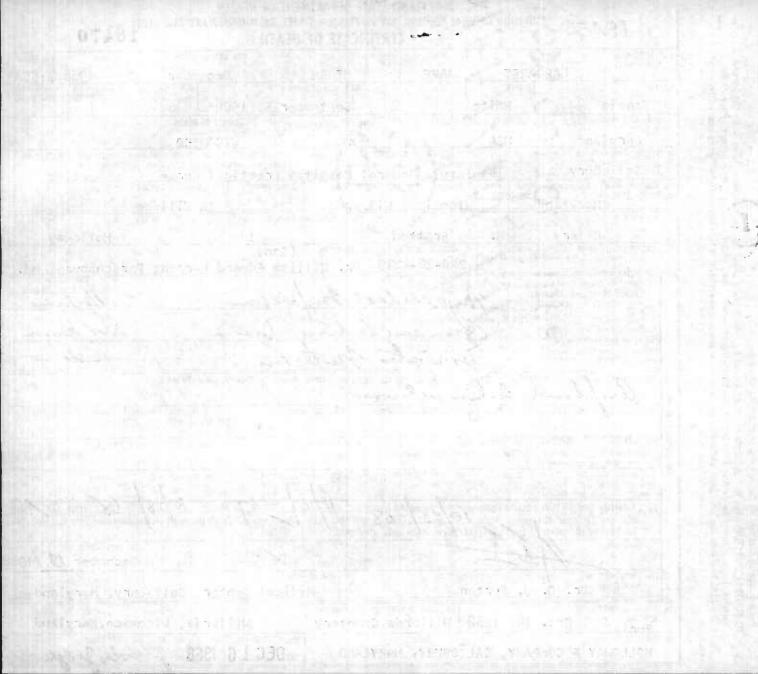
	ECEASED-NAME First		Middle		Last	2a.	DATE OF DEATH		2b. HOUR
(Type or print) NETT:	IE FRA	NCES	40	1/55	7	PECEMBER	Day Yea	10 1:45
3. S		4. RACE			5. DATE OF BIRTH		6. AGE (In years	IF UNDER I YE	EAR IF UNDER 24 HRS
	Female	Wh	ite		August 30,	1899	last birthday)		DAYS HOURS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	T COUNTRY?	B. MARRIED	NEVER MARRIED	9. COU	INTY OF DEATH		
tuo	Maryland	USA	1000	WIDOWED		WIC	COMICO		Mo
0.	CITY OR TOWN OF DEATH	11. NAA	ME OF HOSPITAL OR INST	TUTION (If no	t in hospital 120. U	SUAL OCCL	JPATION (Kind of work do	one 12h KIN	D OF BUSINESS OR
	Salisbury	Pen Pen	insula Gen	eral I	Hospital during	mast of v	warking life, even if retire WOFK	d.) INDUSTR	iome
130.	USUAL RESIDENCE (Where decease ission) STATE	d lived, it institution		13c. CITY OR	The second second second		13e. STREET AND NUMBER		
-	ission) STATE Maryland	130. COOM	Wicomico	Salisl	oury YES [NO [R.D. 1, Sn	ow Hill	Road
14.	FATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAM	E First	Middle	a	Lost
	Guley	М	atthews			Rita		Mit	chell
160	. WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY NO	117 IN	FORMAN (Son)			s R.D. 4	
1	(es, no, or unknown) (If yes give wo	or or dates of convice)			\ - /	11-1-			
_				U Mr.	Elton R.	нате	s, Salisbury	, Maryi	PROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only		far (a), (b), and (c).)		,			BETW	EEN ONSET ANO DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	Mucus	4-074	-			2	4 fer
	4/20	, ,	A CONSEQUENCE OF						1 11000
	Conditions, if any, which gave	0.5	11	1	-				
	rise to immediate couse (a),	DUE TO OP AS	A CONSEQUENCE OF	20 2	2				
	stating the underlying cause	DUE TO, OK AS	A CONSEQUENCE OF		1011	1))		
		(c)		1	1 , 1	X			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	NG 10 DEATH BUT NOT	REPATED TO	THE TERMINAL DISEASE (OR CONDITIO	ON GIVEN IN PART 1(o)		
N	443X								
Š	19a DATE OF OPERATION 19b. 0	ONDITION FOR WHIC	H OPERATION WAS PERF	ORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDING	GS CONSIDERED I	IN CERTIFYING
CERTIFICATION					YES NO	П	CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING	G 21b. TIME OF I	NJURY	21c. HO	W INJURY OCCURRED (E	nter nature	of injury in Part 1 or Part	1 2. Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF CEATH		Manth Day Year					-,	
MED	(If either, natify medical examin 21d. INJURY OCCURRED 21e.		T HOME EARLY STREET SACTO	DV 1 016 106	TION C. D.C.				
	THE WILLIAM	PLACE OF INJURY (OFFICE BUILDING, ETC.	211. LOC	ATION Street or R.F.D.	Na.	City ar Tawn	Caunty	State
					/				
	22a. I certify that (I) (this	s haspital) atten	ided the deceased	fram	12/27,19	68.	to 12/23,	1968,1	hat (I) (we) las
	saw the deceased at causes stoted abave	ve on	2 2 19	60, and	that in (my) (our)	opinian a	leoth occurred on the	dote and ho	our and fram the
	22b. SIGNATURE	(I) (Me) (aid) He	ng nor view the bo	day affer a	eom.				
	22b. SIGNATURE	7/3	Smit	DEGRE	E PHYS.	MED. DIRECTOR	STAFF	22c. DATE SIGNED	3/68
	22d. PHYSICIAN'S				22e. ADDRESS			100	/ ~ .
	NAME (Type) Dr. W	illiam B.	Smith		Salisbury	, Mai	ryland	/	
30	BURIAL, CREMATION, 23b. D	ATE	23c. NAME OF CE	METERY OR C	REMATORY	23d	LOCATION (City or Town)	(County)	(Stote)
	DESIGNATION OF SELECTION OF SEL	. 26,1968				Ru	ral Calishur	v Mary	/land
24	FUNERAL DIRECTOR	. 20,1700	ADDRESS	7 41111				AD'C CICAIATHDE	
47.	HOLLOWAY & COM	PANY. SAL	ISBURY, MA	RYLAN	D ZSG. KEC	EC 2	7 1968 100	A SIGNATURE	Inder.
		,			DATE	-02	· IOUU	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely the din by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please tomore carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.

and camplelely titled in by the funeral remove carbon papers. Pages 1 and 2

24 haurs after death.

VR AIS (4) 45M - 1/69



FOR STATE HEALTH DER necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madient Control of the control of th TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the state Department Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

5 moy be retoined for your files.

VR A15ME 10M REV. 1

TO DEPUTY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CERTIFICATION OF MARYLAND 21201

18471

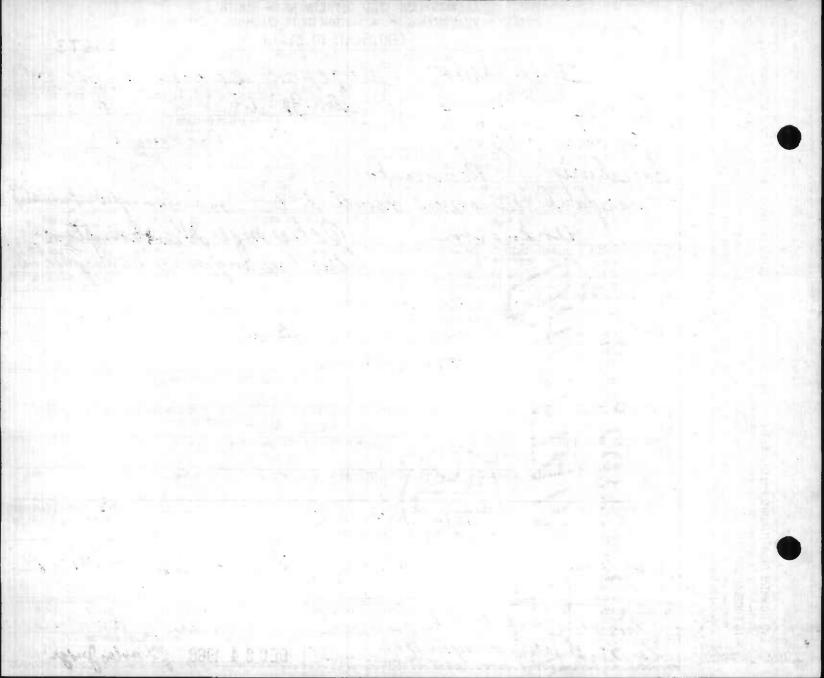
	The March Comment	111111111111	*** E/C/****		421711114									
1. DECEASED-NAME	First		Middle	e	1999	ost teo.		2	O. DATE KN		Month	Day	Year	2b. HOUR
(Type or Print)	SHEL	DON	ROLAND	1	HE	NRY		-1	OF E	STI-	12/1	q	1968	3:30 M
3. SEX	4. RACE	S. DATE OF BIRT		6. AGE (In year	IF UNDER 1		IF UNDER 24	HRS 2	2c. DATE PRO			_		2d. HOUR
Male	White	Jan. 5,		last birthday)	RS. MONTHS	DAYS F	IOURS	MIN	Decem		fg	Yeor	19 68	11:50 A
70. BIRTHPLACE (Stot	e or foreign 71	. CITIZEN OF WHA	T COUNTRY?	8. A	AARRIED NE	ER MARRIE	D 9		TY OF DEAT		115	1-17		
country) Mary 1 a	nd	USA			IDOWED 🔽	DIVORCE		LITC	OMICO					Md.
10. CITY OR TOWN O			ME OF HOSPITAL						JPATION (Kii		rk done	12b KINI	D OF BUSI	
Salisbu	ury	give st 825	reet address)	ision	Street		during m	nost of v	working life, Salesi	, even if r	etired.)	INDUSTRY		
13a. USUAL RESIDEN		d lived, it institut	tion: Residence l	befare 13c. Cl	TY OR TOWN	13d. INS	SIDE CITY LIM		3e. STREET A					
dumissidil) SIAT	Maryland	130. COUNTY N	/icomico	S	alisbur	Y YE	NO X		825 B	. Di	visio	n St	treet	
14. FATHER'S NAME	First	Middle		Last	1S. MOTHE	'S MAIDEN	NAME	First		Mid	dle		Last	
	c	Roland	4	Henry		1	Fliza	aha+	h	Este	110	1./1	ilkin	son
160. WAS DECEASED E	VER IN U.S. ARMED FO	RCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMAN	M Broi	ther)		ADDRES	\$205	Gler	1 Ave	3011_
(Yes, no, or unknow		or or dates of service)	214-10-		Mr. S.	•		•	P					
Yes	War	**			1111 . 3	wai	race	Пен	1 7 9 3	<u>a i i 3i</u>	July,		PPROXIMATE	
	F DEATH (Enter anly DEATH WAS CAUSED				omonuk	0000	~ ~	ant	0200	13.0		-	WEEN ONSET	
1115		E CAUSE (a)	Cerebi	al III	emor.L.	lage,	sp	0116	aneo	us		S	sudd	en
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	any, which gave liote cause (a),	(b)	Hypert	tensi'	ve car	dio-	-vas	cul	ar d	isea	ase		year	r
	nderlying couse	DUE TO, OR	AS A CONSEQUEN	NCE OF				-						7744
last.		(4)												
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISFA	SE OR COL	NDITION	GIVEN IN PA	ART 1(a)				
443 V	/								OTTEN IN TO	()				
190. DATE OF (PERATION		19b. CONDITION	FOR WHICH C	PERATION			_				20.	. AUTOPSY	?
2		No. of the	WAS PERFO										YES 🗍	NO [X]
21a, EXTERNAL	CALICE WAS	215 TIME OF I	NJURY Manth, Da	Vaas	21. HOW INI	IDV OCCUD	DED /FmA	4	- 6 1 - 1 1 -	D-+ 1	D-4 0 la	101	IES []	NO PE
PRIMARY C	R CONTRIBUTING			iy, reor	21c. HOW INJ	UKT OCCUR	KED (Ente	r nature	at injury in	ran I of	Part 2, Ite	am 18.)		
PRIMARY CAUSE OF DEAD		P.N		19										
		ACE OF INJURY (A ory, office building		reet,	21f. LOCATION	Street or R.	F.D. No.		City or 1	own		Caunty	y	Stote
AT WORK	AT WORK	ory, orner bonding	, (10.7)								7.367			
22g. I	certify that I to	ok chorge of th	e remains de	scribed abo	ve. held an	Autopsy		Insp	ectian 🗴	l. Inc	uiry X	l, or	nd in my	opinian
	esulted from?					_ ' '	omicide		44		nonner	J		
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ACTUAL	/ Con	L/2					NEDICAL EX				OOL DATE	CICNED		
SIGNATURE			V		M.D		NT MEDICA				22b. DATE		20 ,	
EXAMINER'S	Earl L.	Royer,	M/D.				MEDICAL				Decem	ber_	20/	1968
NAME (Type)	409 Cam	den Ave.	Salis	bury,	Md.		Street, c	city, fawi	n, ar caunty					
23a. BURIAL, CREMA	TION, 23b. [DATE	23c. NAA	ME OF CEMETE	RY OR CREMAT	ORY		23d. L	LOCATION (CI	ty or Tow	n)	(County)	(St	ote)
REMOVAL (Spec	Dec	. 22,196	8 Wice	omico l	Memoria	1 Par	·k	9	alich	irv i	dicom	ico	Mary	land
24. FUNERAL DIRECT	ror			ADDRESS		250	o. REC'D E			25b. RE	GISTRAR'S	SIGNATUR	SE IS A	- allu
HOLLO	VAY & COM	DANY CA	I TORLIDA	/ MAD	VIAND	DA	DEC	23	1968	110	done	As Y	udar.	Mary.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18474

				MEDICAL	EXAMINER'S	CEKTIFIC	LAIL UF	DEATH		-	
		CEASED-NAME	First		Middle		Last		2a. DATE KNOWN Manth	Day Year	2b. HOUR
	(1	ype ar Print)	CORI	VELIUS	A .	JAR	VIS			15-6819	4:03M
	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In	eors IF UNDER		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
	M	lale	W	8-1-13	lost bighted	YRS. MDNTHS	DAYS HO	URS MIN	Month 12 Day 1	5 Year 1968	4:03M
		BIRTHPLACE (State	or foreign 7b	. CITIZEN OF WHAT CO	UNTRY? 8.	MARRIED K	EVER MARRIED	9. (0)	UNTY OF DEATH		- 457
	cauni	(ry)	1	115		WIDOWED	DIVORCED		Wicomico		Md.
X	10. C	ITY OR TOWN OF			F HOSPITAL OR INSTIT	JTION (If nat in			CCUPATION (Kind of work done	12b. KIND OF BUSI	INESS OR
0		Salis	e e	give street o	insula (denera		1	of working life, even if retired.)	INDUSTRI	m
22		USUAL RESIDENT		lived, if institution:			4 04	E CITY LIMITS?	13e. STREET AND NUMBER		
Lot	uc	imission) STATE	Det.	MA	comes 1	Delmar		□ № □	Route 3		
1	14. E	ATHER'S NAME	First	Middle	Last	1s. MOTH	ER'S MAIDEN N	IAME First	Middle	last	1
	(omel	w		turis	10	me			Tras!	
		WAS DECEASED EV es, na, ar unknaw	(If yes give we	RCES? 16b.:	SOCIAL SECURITY NO.	17. INFORM	ANT 1	1	ADDRESS	ml	
				100	27/0-8625	Illa	Nes He	420	XXXmes	149	MIXTON/A
-1			DEATH (Enter only EATH WAS CAUSED	ane cause per line far			0			APPROXIMATE BETWEEN ONSET	
		PARI I. U	IMMEDIAT	E CAUSE (a)		occli	usion			sudo	den
		410	9	DUE TO, OR AS A	CONSEQUENCE OF						date interval user and death dden
			iny, which gave) iate cause (a), ((b)	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF						
		stating the un									
		last.	,	(c)							
		PART 2. OTHER :	SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEAS	OR CONDITIO	ON GIVEN IN PART 1(a)		
	NOL	19a. DATE OF O	PERATION	196	CONDITION FOR WHICH	OPERATION				20. AUTOPSY	7
0	CERTIFICATION	Tra. Brite or o	Livinon		WAS PERFORMED?	. 0, 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				YES 🗆	NO 🔀
~	CERTI	21a. EXTERNAL	CAUSE WAS	21b. TIME OF INJUR	Y Manth, Day, Year	21c. HOW IN	JURY OCCURR	ED (Enter natu	ure of injury in Part 1 or Part 2, I		[]
		PRIMARY 0	R CONTRIBUTING	HOUR A.M.	10			(2	010 dr 11/01/ 11/1 dr 1 dr 1 dr 2/1		
	MEDICAL	21d. INJURY OC		P.M. ACE OF INJURY (At hor	ne, farm, street,	21f. LOCATIO	N Street or R.F.	D. No.	City or Town	County	State
5		WHILE N		ary, affice building, etc.)						
À.				ok charge of the re	mains described a	have held ar	Autonsy	In	spection X, Inquiry X	ond in m	v aninian
			sulted from:	Noturol couses				micide			у аринон
		deom le	Joned Honi.	Holorof Cooses [Accident [_, Juicide		DICAL EXAMIN			
		ACTUAL	Mark	I have	,		A COLOTANI		AMINER 22b. DATE	SIGNED	
0	46	SIGNATURE EXAMINER'S			M.D.		DEPUTY A	EDICAL EXAM	INER 🗷 De	c. 16,	1968
2		NAME (Type)		nden Ave.	, Salisl	oury,	M dappress	Street, city, to	awn, ar county)		
71	23a.	BURIAL CREMA	TION. 23h [23c. NAME OF CEM				I. LOCATION (City or Town)	(Caunty) (S	tate)
Q.		RIMOVAL (Spec	R	117/68	Melous	2 Cer	2	1.7	varner Me	imigo 1	nd
12/		FUNERAL DIRECT	OR		ADDRESS			REC'D BY RE			
1	M	arvel	Funeral	Home. I	Delmar. 1	Del.	DAT	DEC 1	9 1968 PClian	la Cula	2

VR A15ME (5) 10M REV. 1/68

FOR STATE

within 24 hours ofter deoth any deloy is pencil in Item 18. Give Poges 1, 2, and 3 to Examiner's Office olong with form PM3. Page

This certificate should be

TO DEPUTY

the funeral director. Page 4 should be forworded to the Chie necessary, please execute the certificate, writing the word DICAL EXAMINER:

5 may be retained for your files.

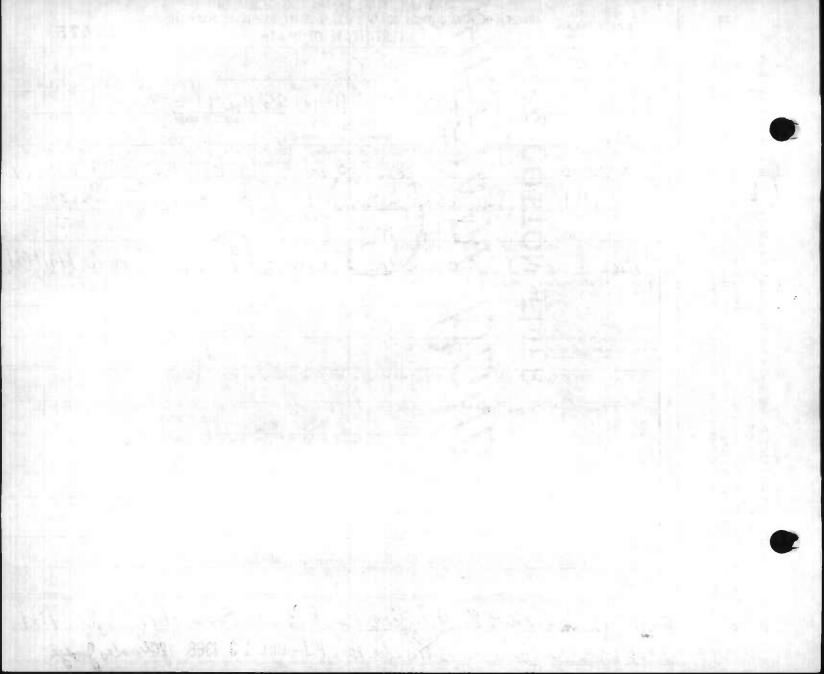
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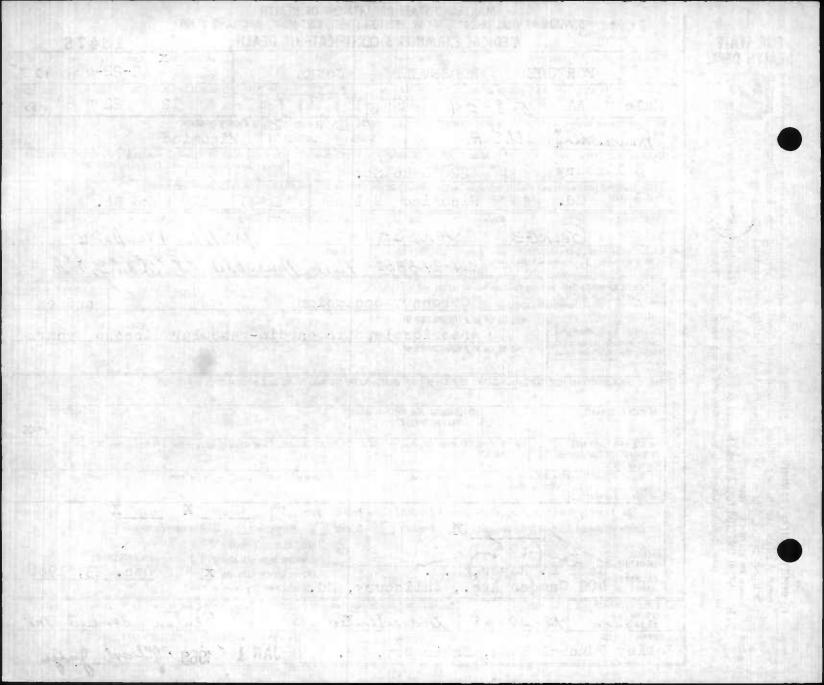
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremotion, or removal, and in ony event within 72 hours ofter deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18475 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME 2b. HOUR physicion and completely filled in by the funeral in please remove corban papers. Pages 1 and 2 and in any event within 72 hours after death. within 24 hours after deoth (Type or print) 4. RACE 3. SEX DAYS last birthday) MONTHS SAILUR 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF 8. MARRIED X NEVER MARRIED country) WIDOWED | DIVORCED [Wicomico 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Peninsula during most of warking life, even if retired.) Salisbury Genera Hospital cuted 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE JOB. COUNT YES [14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First Lost requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, ng. of unknown) (If yes give wor or dates of service) removal APPROXIMATE IN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH Metastalu Ceremena IMMEDIATE CAUSE (o) crematian, signed by the buriol-tronsit p Conditions, if ony, which gave) Testeal region rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to L O FUNERAL DIRECTOR: After this certificate has been os the CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO D 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) detoched for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while of work TENDING 22a. I certify that (I) (this hospital) attended the deceased fram_ , and that in (my) (our) apinion deoth occurred an the date and hour and from the saw the deceosed olive on_____ be retained shauld causes stated above, (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23d LOCATION (City or Jown), BURIAL, CREMATION OVAL (Specify 25o. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Ochanlas 1968

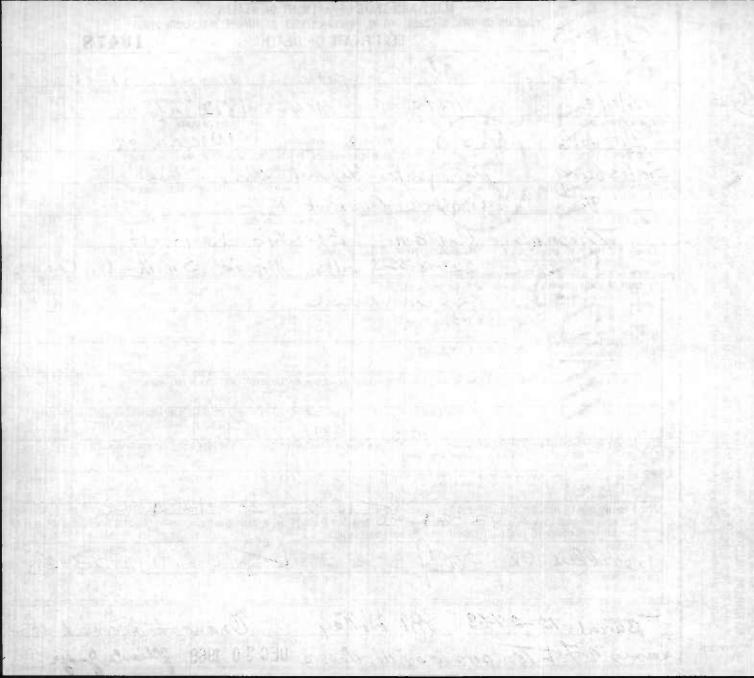




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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18478 DECEASED-NAME Last 2o. DATE OF DEATH 2b. HOUR death. and (Type or print) Year 68 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS Pages last birthday) MONTHS DAYS HOURS hours the attending physician and completely filled in by sit permit. Then please remaye carban papers. P 7o. BIRTHPLACE (State ar foreign OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour 7b. CITIZEN OF WHAT 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ban papers. within 72 ho WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 10N (If nat in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 15harc JOV. Employer and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? COUNTY YES 🔊 NO remave 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Yes, no, or unknown) (If yes give war or dates of service) remaval APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: P IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate cause (a). signed by physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work at work 22a. I certify that (I) (this hospital) attended the deceased framsaw the deceased alive an 1900 attended to the deceased from 1900 at the deceased alive an 1900 attended to the deceased from 1900 at _1900, and that in (my) (our) opinian death occurred on the date and hour ond from the couses stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town (Caunty) (Stote) REMOVAL (Specify) unia UNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE **HEALTH** DEPT.

24 haurs after death any delay is in Item 18. Give Pages 1, 2, and 3 ta etc. Office along with farm PM3. Page This certificate should be executed within 24 hours after death

File pages I and 2 with the State Department of 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as o burial-transit permit. File pages land 2 with t Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the word "pending" the funeral directar. Page 4 shauld be farwarded to the Chief Medica DICAL EXAMINER: TO DEPUTY

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
HILLILAL	LAMITUREN	CENTILICATE	VI PLAII

18479

	Type or Print)	HE	\$1		Middle		L	ost		2a. DATE	KNOWN	Manth	Day Year	2b. HOUR
,	Type of rilling	AL	BERT		LEE		KELL	Υ		OF DEATH	MATED [12/8	8 16	8 10:25 M
3. S	EX	4. RACE	S. DATE	OF BIRT	Н 6. /	AGE (In years	IF UNDER 1	YEAR IF UNDE	R 24 HRS	100000	PRONOUNCED			2d. HOUR
	Male	White	0cto	ber	16,1906	ast bighday) 62 YRS	S. MONIES	DATS HOURS	min.	Mont	mber 8	Day	Year 19 6	8 10:25M
7a.	BIRTHPLACE (State	e or foreign	7b. CITIZEN	OF WHA	T COUNTRY?	8. MA	ARRIED NEV	ER MARRIED 🗌	9. COL	UNTY OF D				
coun	Mary1	and	USA			WID	OWED [DIVORCED [W:	ICOMI	CO			Md.
10. (ITY OR TOWN O			11. NA	ME OF HOSPITAL OR			spital 12o.	USUAL O	CCUPATION	(Kind of wa	rk done	12b. KIND OF BI	USINESS OR
	Salis				reet oddress) Ge			tal durin	ng most o eput	y She	life even if i	retired.)	County	
130.	USUAL RESIDEN dmission) STATE	CE (Where dece	ased lived, if	institut	ian: Residence befo			13d. INSIDE CIT			ET AND NUMI			
			nd 130. Coc		icomico		lisbury	-		301	Carey		ue	
14. F	ATHER'S NAME	First		Middle	Las		1S. MOTHER	S MAIDEN NAM			Mid	dle		ost
	11 40	Henry		P•	Ke11				Annie	е	(S = 1		Bethar	
	WAS DECEASED EV es, no, or unknov		D FORCES? ve war or dates of s		166. SOCIAL SECURITY	/ NO.	17. INFORMANT	(Wife)	11			Carey	
	no	(,			215-07-37	143 1	Mrs. Ne	ellie M	. Ke	ııy,	29112r	our y,	Maryla	
				e per lin	e for (a), (b), and (7-1-						ATE INTERVAL SET AND DEATH
	PAKI I. L	DEATH WAS CAUS IMMED	DIATE CAUSE (a)	Bullet	wou	nd of	brain	1				sud	den
	765	Χ		10, OR /	AS A CONSEQUENCE	OF								
		inγ, which gave iote cause (o),	())										
	stoting the ur	derlying couse		TO, OR .	AS A CONSEQUENCE	OF							THE WAY	
	last.	15 M	, (c)										
99	PART 2. OTHER	SIGNIFICANT CON	IDITIONS CON	TRIBUTIN	IG TO DEATH BUT N	OT RELATED	TO THE TERM	NAL DISEASE OF	CONDITIO	ON GIVEN II	N PART I(o)			
NOL	19g, DATE OF C	PERATION			19b. CONDITION FOR	WHICH OP	FRATION						20. AUTOP	SY?
CERTIFICATION					WAS PERFORME								YES 😿	
CERT	21a. EXTERNAL	CAUSE WAS	21b. T	IME OF II	NJURY Manth, Day, Y	ear	21c. HOW INJU	RY OCCURRED (Enter notu	re of injury	v in Port 1 or	r Part 2. It		
MEDICAL	PRIMARY 250 CAUSE OF DEAT	R CONTRIBUTING	DIO."	QUP AN	12-8-			by esc						
MED	21d. INJURY OC	CURRED 21e	PLACE OF IN	JURY (A	t home, form, street			Street ar R.F.D. N	~	0 "	ar Town		County	Stote
	WHILE AT WORK	OT WHILE	factory, affice	building	, etc.) .ouse		Main	St., S	ali	sbur	y, Wi	.com:	ico, M	d.
-	220. 1	certify that I	took chorg	e of th	e remoins descri	bed obov	re, held on	Autopsy 🗶	Ins	spection	X, Inc	quiry X	ond in	my opinion
	deoth re	sulted from:	Noturo	couse	es 🔲, Accide	ent [],	Suicide [, Homic	ide X	, Unde	termined i	monner		
100		1	0.	/				CHIEF MEDICA	L EXAMIN	IER 🔲				
	ACTUAL SIGNATURE	1000	16	~	1		M.D.					22b. DATE		0 /10/0
	EXAMINER'S		L. Ro					DEPUTY MEDI				Dece	ember 10	0/1900
	NAME (Type)			AVE	., Salis			ADDRESS(Stre	et, city, to	own, or cou	inty)			
23a	BURIAL, CREMA REMOVAL (Spec	ifv)	b. DATE				Y OR CREMATO				(City or Tow	,	' ''	(Stote)
6	Burial	De	ec. 12	, 196			emoria	1 Park					ico, Mary	land
24.	FUNERAL DIRECT					DRESS		250.	ect	GISRAR 19	68 ^{25b. RF}	COARS	SIGNATURA CALL	442
	HALLOL	IAV & CI	AMDANV	CA	VITCRIIDV	MARY	TAND	DATE					1	

MANUSCRIPTOR IN PROPERTY OF THE PROPERTY OF TH

18480 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR 30 (Type or print) DIANNE ELIZABETH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. lost birthdoy) 19 HOURS Sept. 25, 1968 White FEMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED WICOMICO WIDOWED Bab MYORCED Maryland USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Peninsula General Hospital during most of working life, even if retired.) 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Wicomico Maryland Salisbury NO T Kaywood Drive 14. FATHER'S NAME Middle First IS MOTHER'S MAIDEN NAME First Philip Corinne Lawrence Herbert Kenworthy Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Father) Address Kaywood Drive Yes, no, or unknown) (If yes give war or dates of service) Philip H. Kenworthy, Salisbury, Maryland APPROXIMATE INTERVAL FAILURE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO Z 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. County Stote City or Town OFFICE BUILDING, ETC. While Not while at work 22a. I certify that/(1))(this haspital) attended the deceased from-__19 68, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive ancauses stated abave (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR DEGREE ATTENDING DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Alberta Mattax Polin. M.D. 707 Camden Ave., Salisbury, Maryland

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Annunication of B.V.M.

VR A15 (4) 30M REV, 1/68

24 hours after deoth.

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23o. BURIAL, CREMATION

Burial
24. FUNERAL DIRECTOR

REMOVAL (Specify)

for use

signed by

physician.

be retoined by the hospital or attending

O FUNERAL DIRECTOR: After this certificate hos been

cremation,

burial,

hours after

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Dec. 11,1968

2So. REC'D BY REGISTRAR 1968

23d. LOCATION (City or Town)

McSherrystown, Adams,

2Sb. REGISTRAR'S SIGNATURE

(County)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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VEL	CIPLI	LAIL	W.E.	DEAL	п.

121,00

				CLKIIIIC	AIL OF	DEATH			TOA	tok	
1. DECEASED-NAME	First		Middle		Last		20. DATE OF				2b. HOUR
(Type ar print)	CARRI	E	M.	LE	E		Dece	Month	75Doy	1968"	8:30 A
. SEX		4. RACE			S. DATE OF		DCC	6. AGE (In)	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		Colo	red	-1-8	6/15,	/1895		last birthd	ay) YRS.	MONTHS DAYS	HOURS MIN
o. BIRTHPLACE (Stote duntry) Maryl	or foreign 7	U.S.A.		8. MARRIED WIDOWED	NEVER MA	RRIED 9.	COUNTY OF	DEATH ICOMIC			
o. CITY OR TOWN OF I		11.N	NAME OF HOSPITAL OR IN	State	at in hospital Hospit	al during most	occupation of working	(Kind of wa life, even if	rk dane retired.)	12b. KIND OF	F BUSINESS OR
3a. USUAL RESIDENCE dmission) STATE Mary Land	(Where deceased	lived, if institution 13b. COUNTY	tian: Residence before	13c. CITY OR		13d. INSIDE CITY LIMITS YES NO	5? 13e. STR	REET AND NU			
4. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S A	MAIDEN NAME First		1	Middle		Last
Jo	seph		Martin		H	annah				Unkno	wn
6a. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17. I	NFORMANT			A	ddress		
Yes, no, ar unknawn	(If yes give war	or dates of service)		M	rs.Vi	ola Com	negvs	Cam	brid	lge.Md	
18. CAUSE OF DE	ATH (Enter only	ane couse per l	ine for (a), (b), ond (c).					- CARLES	0220	APPROX	IMATE INTERVAL
PART I. DEAT	AL MAC CALICED	ov					1.	March 1			ONSET AND DEATH
11170	IMMEDIATE	E CAUSE (a)	ypertensiv	e arte	LTOSCI					Ye	ears
4100		DUE TO, OR	AS A CONSEQUENCE OF			d.i.se	ease,	decump	ensi	tigd	
Canditions, if any		(b)									
rise ta immedia		(b)	AS A CONSEQUENCE OF						_		
stating the unde	rlying cause	DUE TO, OK	AS A CONSEQUENCE OF								
last.	,	(c)									
PART 2. OTHER SI	GNIFICANT COND	ITIONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVEN	I IN PART 1(o)		
= 443 X											
19a. DATE OF OPER	ATION 19b. CC	NDITION FOR WE	HICH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?	20b. IF	YES, WERE FI	NDINGS CO	NSIDERED IN C	ERTIFYING
3					YES	NO 📆		OF DEATH?			
21a. ACCIDENT W	AS LINDERLYING	21b. TIME O	AE IMITIDA	101. 40				0 . 1	0 10 1	101	
	CAUSE OF DEATH	HOUR A.M.		ZIC. no	W INJURY OF	CURRED (Enter no	iture of injury	y in Part I a	r Part 2, II	rem 18.)	
OR CONTRIBUTING		r) P.M.									
While Nat wh	rk 🗆		(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	/				or Tawn		County	State
22a. I certify	that (X (this	haspital) att	ended the decease	ed from Oc	tober	24 19 50) ta De	cember	1519	68 that	(we) las
saw the	deceased aliv	e on Dece	mber 15	9 68 and	that in X	v) (gur) apinio	n death a	ccurred or	the dat	te and hour	and from the
causes st	ated above	(I) (we) (did)	XXXXI) view the	bady after o	leath.	.,, (,	an acami a	ccontou ui	i ilio aai	c dild ildoi	and nam m
22b. SIGNATURE		. , , , , ,		. /	_				1 22¢ D	ATE SIGNED	
(10 91	1)1.	4	DEGR	ATTEND			STAFF X	1	2/16/6	8
22d. PHYSICIAN'S	100		mue	DEOK	(3110.	U DIREC	CTOR -	PHYS.	2		
NAME (Type)	C. H	. Winna	cott, M. D	•	Dee Dee		Hosp:	ital;	Sali	sbury,	21801 Md.
3a. BURIAL, CREMATIO	N, 23b. DA	TE .	23c. NAME OF	CEMETERY OR	CREMATORY	2	3d. LOCATION	N (City or To	wn)	(Caunty)	(State)
Bust MP VALT Specify)	12/	21/68	New Me			em.	Golt	,,		Kent !	1
4. FUNERAL DIRECTOR	15	1	ADDRESS					OCL DE			Tus CT •
A. JUNERAL DIRECTOR	A. C	14				2So. REC'D BY R				SIGNATURE	
Dung	MI COL	My.	Chester	town.l	Md.	DADEC 2	4 196	O XC	Mark	as June	34

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon sepers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.

e filled in by the Tunerol on capers. Pages 1 and 2

deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours

Poge 4 may be retained by the hospital or ottending physician.

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715 65 12/16/	NUMBER OF SEC.	Section 1			

FOR STATE HEALTH DEPT.

2, and 3 to PM3. Page partment Sages hours ofter death Give Office olong in Item 18.

be executed within

This certificate should writing the word

please execute the certificate,

in pencil

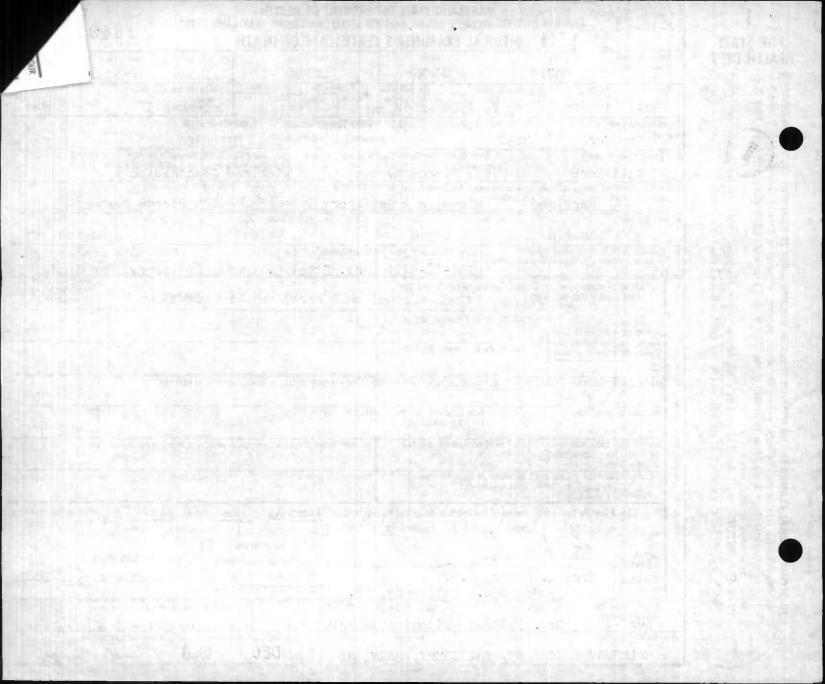
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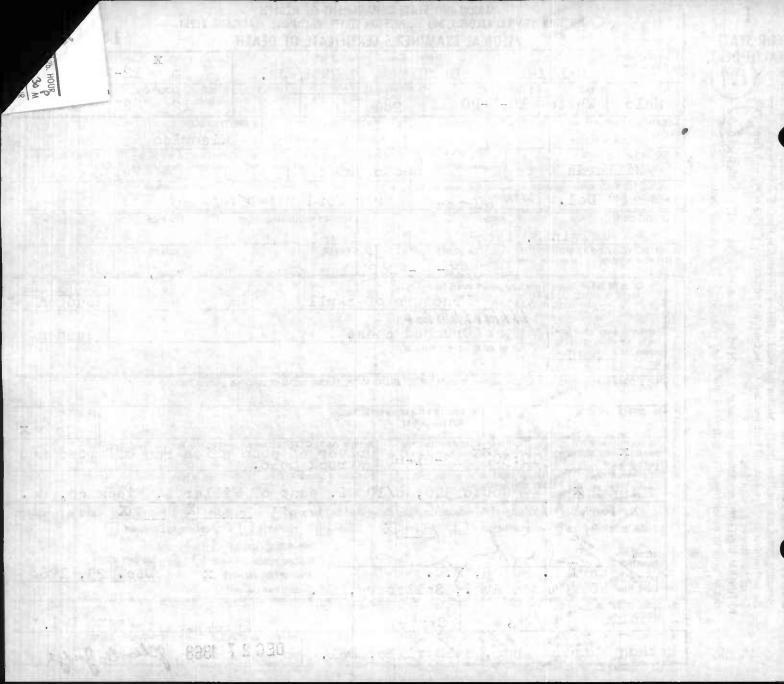
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deoth. ofter hours Examiner's within Chief Medical event ony .= removal 10 cremation, FUNERAL DIRECTOR: Page for to buriol, the funeral director. be retoined TO FUNE Health VR ATSME (5)

10M REV. 1/68

407 MARYLAND STATE DEPARTMENT OF HEALTH am DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Last Month Doy Yeor (Type or Print) OF ESTI-DAVID JOHN LOGAN 12/5 1968 DEATH MATED IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD last birthday) December Ma le White May 7, 1900 1968 9:40 M 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) New York USA WIDOWED [DIVORCED WICOMICO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired Electrician Pierce Avenue INDUSTRY Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 36. COUNTY odmission) STATE Salisbury YES] 1024 Pierce Avenue Wicomico NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Austin Logan Ida Dawson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT(Wife) ADDRESS 1024 Pierce Ave. 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) 134-18-9211 Mrs. Ethel K. Logan, Salisbury, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Ethyl alcohol and barbiturate poisoning hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 💌 NO F 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) MEDICAL PRIMARY CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE 22a. I certify-that I taak charge of the remains described above, held an Autapsy [X], Inspection X. Inquiry X and in my apinian Natural causes . Accident X death resulted from: Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, DEPUTY MEDICAL EXAMINER December **EXAMINER'S** NAME (Type) 409 Camden Ave., Salisbury, Md. ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Dec. 7,1968 Wicomico Memorial Park Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 9 1968 Ochandas HOLLOWAY & COMPANY, SALISBURY, MARYLAND





death. 24 haurs after death by the funeral Pages 1 and 2 and haurs after papers. on thed car event, law requires that the death certificate be executed and cample remave any .⊑ please physician andi removal, attending phys permit. 10 crematian, burial-transit signed by physician. burial, as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been priar ta for use of Health be detached State Dept. directar, page 3 shauld shauld be filed with the

within

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED

22c. DATE SIGNED

23a. BURIAL, CREMATION

22b SIGNATURE

22d. PHYSICIAN'S

NAME (Type

at work

DECEASED-NAME

(Type or print)

14. FATHER'S NAME

3. SFX

country

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY BAPTIST

DEGREE

ATTENDING

22e. ADDRESS

23d. LOCATION (City or Town) SNOWH:

STAFF

PHYS.

(County) Wasco Md

24. FUNERAL DIRECTOR

SALISBURY, M Md REC'D BY REGISTRAR

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DIRECTOR

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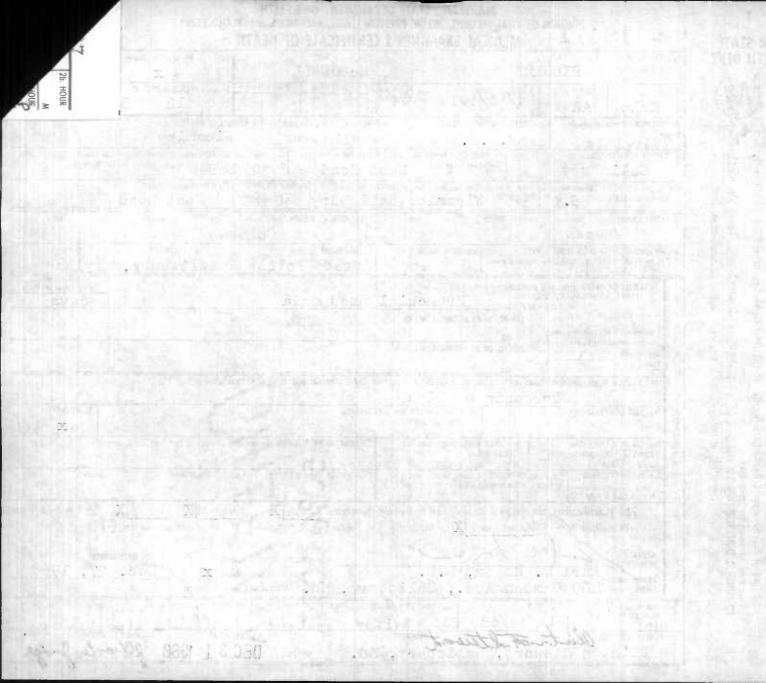
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any delay is 2, and 3 ta Page 5 may be retained far your files. To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depu the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1 DICAL EXAMINER: This certificate should be executed within 24 haurs after death Health priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

TO DEPUTY VR A15MEVS 10M REV. 1/68

	18	DIVISION	OF VITAL RE	CORDS, 30	W. PREST	PARIMENI ON STREET, CERTIFICA	BALTIM	ORE, MAR	YLAND 21201	4	1848	
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LE	BURIAL, CREMAT REMOVAL (Speci Burial FUNERAL DIRECTO	fy) 12	DATE 2/24/68	Od		RY OR CREMATO	mete		Notipau REGISTRAR 25		(County) (Sto	ate)

Clinton Stewart, Salisbury, Md. DEC 3 1 1968 DATE



Within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

VR A1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

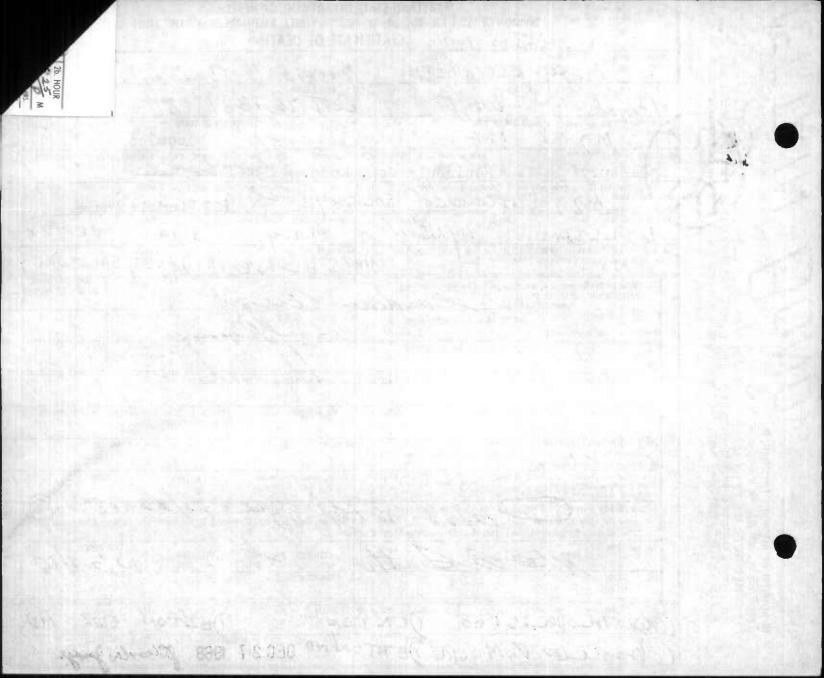
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18176 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 24 haurs after death. death. pup the funeral (Type or print) Yeor ecem ber 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR Rodes last lystholay) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Wicomico WIDOWED DIVORCED P 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rking life, even if retired. INDUSTRY Carban and completely Salisbury Gen. Hosp. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SALTEGUAL remaye Virginia Avenue 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle 1 please the attending physician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. JOCIAL SECURITY NO. INFORMAN1 Address Yes, no, or unknown) KEJ. ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o crematian, Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse signed burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health p NO [YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while ot work 22a. I certify that (1) (this haspital) attended the deceased from. 1960, and that in (my) (au) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED STAFF DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type DEC 26 BURIAL, CREMATION 23c. NAME-OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town) VR A15 (4) 45M - 1/69 V. MOORE

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deal

Page 4 may be retained by the haspital or attending physician.

VR A15 14 68 30M REV. 68

HOLLOWAY & COMPANY.

SALTSBURY.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1.50 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after dea

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MARYLAND

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MAN COND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18491

				,	CLIVIII ICA	IL OI DEATH			20707	-
	DECEASED-NAME	First		Middle		Last	2a. DATE	OF DEATH		2b. HOUR
1	(Type ar print)	Lillie		Gertrude	2	Vixon		Month Do	1968	1:15 %
3. 5	SEX		4. RACE			OATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female		Negro			6-24-1	914	last birthday)	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE (Stote	ar foreign 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIEO	9. COUNTY			
COL	Rockawa	91KiN	U.S.1		WIDOWED Z	DIVORCEO	Wie	comico	76	Md.
10.	Salisbur	Y.	give stree	OF HOSPITAL OR INS et address) s Head	State H	ospital during n	JAL OCCUPATIO nast af warkir	ON (Kind of work dane ng life, even if retired.)	12b. KIND OF INOUSTRY	BUSINESS OR
13a odn	USUAL RESIDENCE nission) STATE	(Where deceased aryland	13b. COUNTY	Residence before	Salisb	was seen .		STREET AND NUMBER 5 Jenkins L	ane	
14.	FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN NAME		Middle		Last
		William	1 JAME	5 FUR	R	MAGLE			HANG	1.1
	o. WAS DECEASED EV Yes, no, ar unknown		FORCES2 16	b. SOCIAL SECURITY N	IO 17 INF	OPMANT	Box	ANTICO, MC		19
11	1B. CAUSE OF DI	ATH (Enter anly	ane cause per line f	ar (a), (b), and (c).)					APPROXIA	MATE INTERVAL INSET AND OFATH
	PART I. DEAT	TH WAS CAUSED E	Y: CAUSE (a)	Carcinon	na of r	ectum and s	stomach	1		- 1968
	154	/	. ,	CONSEQUENCE OF					1/02/	1/00
	Canditians, if any	, which gave)	(b)							
	nise to immediate			CONSEQUENCE OF						
	last.	infing coose	(c)							
	PART 2. OTHER SI	GNIFICANT CONDI		TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIV	VEN IN PART 1(a)		
~	1992							1(0)		
CERTIFICATION	190. DATE OF OPER	ATION 19b. COI	NDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTOPSY?	[20b.	IF YES, WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
IIFIG	- 1	100				YES KI NO	CALIC	SES OF DEATH?	TOTO DE CED THE CE	KIII IIIIO
CERT	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF IN	IURY	21r HOW		_	njury in Part 1 ar Part 2,	Itam ID)	
SAL	OR CONTRIBUTING	CAUSE OF OEATH	HOUR A.M. A	Nonth Doy Year		INDUIT OCCURRED (EIII	er nurore ur m	ijory in ruit t at ruit 2,	Helli Ib.j	
MEDICAL	(If either, natify r	nedical examiner	P.M.	HOME FARM STREET FACT		TION C DED II				
	While Nat what wark at war	nile Zie. Pu	OFF	ICE BUILDING, ETC.	211. LUCA	TION Street ar R.F.D. No	0. (1	ity ar Tawn	County	State
	22o. I certify	thot (I) (this	hospital)_attend	ed the decease	d from	10/15 , 19	68 , ta .	12/22 19	68 that	(we) last
	saw the	deceased aliv	e on 12/2	2	9_00, and t	hat in (MAY) (aur) op	inian death	12/22 19 n accurred on the do	ate and hour o	and fram the
	causes st	ated abave,	(we) (did) (did)	knot) view the b	oady after de	oth.				
	22b. SIGNATURE	W	le al	due,	EGREE	ATTENDING PHYS.	MED. DIRECTOR		12/23/68	3
	22d. PHYSICIAN'S NAME (Type)	L.	V. Maldv	e, M. D.		Deer's He	ad Stat	te Hospital	, Salish	oury, Md.
23 a.	BURIAL, CREMATIO			23c. NAME OF C			23d. LOCAT	TION (City or Tawn)	(County)	(State)
	REMOVAL (Specify)	12-	27-68	G Ree	ON ACK			Alisbury	1 Wico.	Md.
24.	FUNERAL DIRECTOR	01 00	Delipas	A RADDRESS	#2	2Sa. REC'D.	BY REGISTRAR	2Sb. REGISTRAR'S		
	sorellar	B. Jolley	Jerses	Salist	SURU	DATEJAN	-	969 Jalia	res yes	sec.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete Hilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death? Page 4 may be retained by the haspital ar attending physician. VR A15 14)

OF HEALTH MARYLAND STATE DEPARTMENT

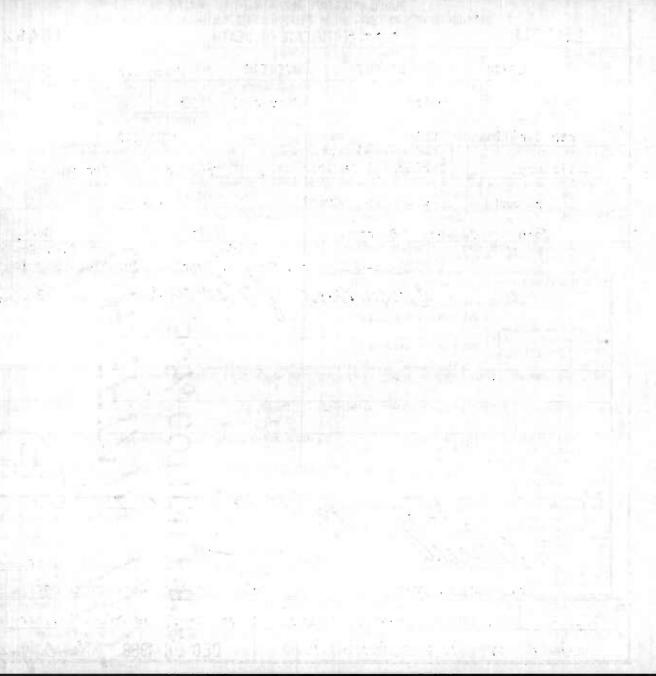
BALTIMORE, MARYLAND 21201

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		+	•	4	CER	TIF	ICATE	OF	DEA	TH

	184	9		(ERTIFI	CATE OF	DEATH					18	49	2
	CEASED-NAME	First		Middle		Last		2a.	DATE OF		D	V		2b. HOUR
(1	ype ar print)	LEVI	V	ROBERT		OVERT	ON		Dece	mber	9 ^{Do}	1 9	168	٨
3. SE	Х		4. RACE			S. DATE OF				6. AGE (In	years	IF UNDER 1		IF UNGER 24 HRS. HOURS MIN.
	Male		Wh	ite		Janua	ry 7,	1899		last birtho	YRS.	MUNIHS	UATS	HOURS MIN.
a. B	SIRTHPLACE (Stote or	foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MA	ARRIED 🗌	9. COL	INTY OF	DEATH				
Cuuii	"" North (Caroli	na U	SA	WIDOWED		ORCED 🗌		WICO	MICO				Me
10. C	Salisbu			me of Hospital or INS						(Kind of wo ife even if Raw				USINESS OR
	USUAL RESIDENCE (W ssion) STATE	here decease		on: Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY	LIMITS?	13e. STR	EET AND NU	JMBER	-		
	Mai	yland	13b. COUNTY	Wicomico	Quan	tico	YES	NO 🗌	P.0	• Box	44			
14. F	ATHER'S NAME	First	Middle	Last		S. MOTHER'S	MAIDEN NAME	First			Middle			Last
	Jo	ohn	Dawson				Ef	fie				Go	ordy	
	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT	(Wife)	H	0 8	- 1	Address	P. 0.	Box	44
'	es, no, or unknown)	(ii jus give wa	or deles or service)	220-12-08	321 M	rs. Eu	la B.	Over.	ton,	Quan	tico	. Mar	yla	nd
				ne for (o), (b), and (c).)		10			, 14				ATE INTERVAL SET AND DEATH
	PART I. DEATH		BY: 'E CAUSE (a)	(aucm	3700	e as	1 a	no	un	1		1	レリ	O
	157.9	IMMEDIAI	. , .	S A CONSEQUENCE OF				W		1200			1	
	Conditions, if any,	vhich gave	0.0	S A CONSEQUENCE OF										
	rise to immediate		(b)	S A CONSEQUENCE OF								_		
	stating the underli	ring couse	(a)	S A CONSEQUENCE OF										
	_	JIEICANT CONF	OITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	O THE TERMIN	NA! DISEASE OF	R CONDITI	ON GIVEN	IN PART 1/	(a)	-		
	157V	mirchin com	THOMS COMMODO	THIS IS DEFINED ON IN	or REDITED	O THE TERMIN	THE DISEASE OF		011 011211		.~,			
CERTIFICATION	19g. DATE OF OPERAT	ION 19b C	ONDITION FOR WH	ICH OPERATION WAS PE	REORMED	20a. AU	TOPSY?		20b. JF	YES, WERE F	INDINGS (ONSIDERED	IN CEF	TIFYING
FIGA	Transport of or Elati					YES [7		OF DEATH?				
CERT	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OI	INURY	210	-	CCURRED (En		of injur	v in Port 1	or Part 2	Item 18 \		
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor		ion mooki o	ACCOUNTED TELL	TOT TIOTOT	o or injur	y III 1 OII 1	or ruit 1,	nem re.,		
MEDICAL	(If either, notify me			AT HOME CARM STREET CAN		OCATION C.		1-	C'4	- Y-	-	C		Chaha
	While Not while	218. 1	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	30kt.)	OCATION ST	reet or K.F.D. r	٧٥.	City .	or Town		County		Stote
	at wark at work					5000	110 10		, ,	7 /	10	1	,	(1) ())
	22a. I certify t	nat (I) (this	haspital) att	nded the decease	d from	dahaa in (my) (aur) a			2.67	, 19	96.	that	(I) (we) las
	saw the a	eceasea aii tad ahava	ve an	(did pot) view the	hady after	death	my) (aur) a	pinian	aearn a	ccurrea a	in the ac	are and I	iaur a	na tram tn
	22b. SIGNATURE	- In	(Jrej (ala)	(did tot) view me	budy direi	dodiii.		-	/	-	220	DATE SIGN	FD	-
	1	1111	26/1	1/	DEG	REE PHYS.	DING P	MED. DIRECTO		STAFF PHYS.		cembe	,	2/196
	22d. PHYSICIAN'S	UUL	2 000			22e. Al	DDRESS	DIKECTO		riira. •	Tue	Cembe	10	0/190
	NAME (Type)	Dr. H	enry A.	Briele			dical	Cent	er.	Salis	bury	. Mar	-vla	nd
23.5	BURIAL, CREMATION			23c. NAME OF	CEMETERY O					N (City or To		(Caunt		(State)
zou.	REMOVAL (Specify)			8 Quantico				,					, ,	, ,
24	Burial FUNERAL DIRECTOR	Inec	• 12,190	ADDRESS		copai	25a. REC'D					SIGNATUR		10110
24.		V C CO	MDANY 9			AND		EC 1		1968	0		-	4.0
	HULLUWA	1 6 60	MPANY,	SALISBURY,	MARTI	-MND	DATE	LU J	0 1	OOU	X.C.	ionla	7 44	1566

TO FUNERAL DIRECTOR: After this certificate has been signed by the Ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. ertificate be executed within 24 hours after death. death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/65



VR A15ME 55

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

184	80	ME	DICAL EX	(AMIN	ER'S C	ERTIFICA	TE OF D	EATH				184	93	
1. DECEASED-NAME (Type or Print)			Middle S PRESTON			Las		2a. DATE	KNOWN	Month	Day	Year	2b. HOUR	
LOUIS		IS				PARKER			OF DEATH	MATED	12	1	\$ 915	
3. SEX	4. RACE	S. DATE C		lo	GE (In years ist birthday)	MONTHS 0		R 24 HRS. MIN.	2c. DATE Month	PRONOUNCED	DEAD Day	Year	./	2d. HOUR
Male	White		30,1907		67 YR			4 400			1		168	9:15 M
7a. BIRTHPLACE (Sto	are or toreign		F WHAT COUNT	KY?		ARRIED NEVEL			JNTY OF DI					
country Maryla	and	U.S.	Α.				DIVORCED _		comic					Mo
10. CITY OR TOWN			 NAME OF Higier of the property of th	lasar		ON (If not in has	oital 12a.			(Kind of wa		INDUSTRY	OF BUSI	NESS OR
Salisb				405		on Terr				life, even if Lesmar			esmai	1
130. USUAL RESIDE	NCE (Where dece	ased lived, if i	nstitution: Res	idence befo			13d. INSIDE CITY			ET AND NUM				
odmission) siaj	Maryland	. 130. COUR	Wicomi	.00	Sal	isbury	YES X	ио 🗌	405	Huston	ı Ter	race		
14. FATHER'S NAME	First	٨	Middle	Las		1S. MOTHER'S	MAIDEN NAME			Mic	ldle		Lost	
A	rthur	Hi	ram	Park	cer	11/2 2	V:	irgie	е			Pa	arso	ns
16a. WAS DECEASED I				AL SECURITY	NO.	17. INFORMANT				ADDRES	S			
(Yes, no, or unkno	(If yes gi	ye was as dates of se	1212-	12-32	36	Mrs. G	race S	. Par	rker	Seese	2 13			
18 CAUSE C	F DEATH (Enter o											AP	PROXIMATE VEEN ONSET	INTERVAL
	DEATH WAS CAUS	ED BY:	~			hemorr	hage.	spo	ontar	neous			10 U I	
431	9 IMMEL	DIATE CAUSE (a)					, ,							
Conditions, if	any, which gave		DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis								3 23	years		
rise to imme	nediate cause (a), (-				
stoting the u	inderlying cause	T DOE II	D, OK AD A COI	NOEWOLINEE 1	OI									
	CONTRACTOR CO.	(c)	NO. TO DE	ATU DUT 11	OT DELAYER	TO THE TERMIN	11 0105105 00	COMPUTI		L DART 14 1				
PART 2. UTHER	SIGNIFICANT CON	ADITIONS CONT	KIRUTING TO DE	FAIH BUI NO	JI RELATEL) TO THE TERMIN	AL DISEASE UK	CONDITIO	ON GIVEN IN	I PART I(a)				
O 100 DATE OF	ODEDATION		10h CON	DITION EOD	WHICH OF	DEDATION						120	AUTOPSY	2
A 140. DAIE OF	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?													
19a. DATE OF	CALIET MIAC	1011 711	AF OF INJUDY M			01. 11014 111110	V ACCUIDATE (0 . 0 1		YES	NUAL
	OR CONTRIBUTING	216. III	AE OF INJURY M UR A.M.			21c. HOW INJUR	T OCCURRED (E	enter notu	are at injury	in Port I a	r Part 2, I	tem 18.)		
CAUSE OF DE	ATH		P.M.	19					100					
		foctory, office b		form, street	,	21f. LOCATION S	reet or R.F.D. N	0.	City	or Town		County		Stote
	I certify that	took shown	af the rema	ine desert	had aba	ua hald an	tanau. [7]	la.	anastina l	(V) In	i 10	7	J in ma	ini
	. //								spection		quiry X	_	a in my	y apinian
death	resulted from:	Natural	causes X	, Accide	ent [,	Suicide [], Homici	ide [_]	, Under	termined	monner			
ACTUAL	1	16					CHIEF MEDICA	L EXAMIN	ER	_				
SIGNATURE	100	- 11	1		7	M.D.	ASSISTANT ME			read .	22b. DATE			
EXAMINER'S		Earl L	Barron				DEPUTY MEDIC					-1968		
NAME (Type	1			24.6			ADDRESS(ST					ary, J		land
23a. BURIAL, CREM REMOVAL (Spe		b. DATE	2	3c. NAME O	F CEMETER	RY OR CREMATOR	Y	23d.	. LOCATION	(City ar Tov	vn)	(County)	(St	rate)
Buria		12-4-196	8 V	Vicomi	co M	emorial	Park		Sala	sburg	Wijo	Com i On	148	4
24. FUNERAL DIREC	CTOR				RESS		254. REC	D BALRE	GISTRATE O	O 25b7 RE	GISTRAR'S	SIGNATUR	1	

DATE

Hill Funeral Home Salisbury, Maryland

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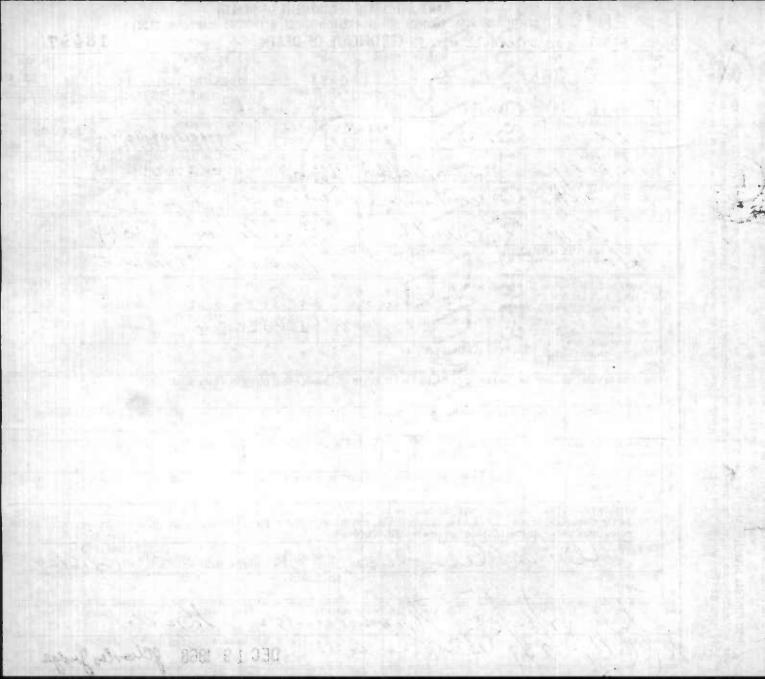
will be a compared to the property of the prop The Color Sty 600 in 1900 to the street of the state of t

		make a state of	# : ~\@/	CEKIII	ICATE	OF DEATH			18	3495)			
		PLACE OF DEATH				2. USUAL RESIDENCE (M	here decease			before odm	ission)			
1		. COUNTY Wicomi	0.9	MAR	YLAND	o. STATE	in and	b. COU		mieo				
ŀ		o. CITY OR TOWN (If autside o	arporate limits.		Harris A. V. Link B.					parate limits, write RURAL and give nearest tawn)				
		write RURAL and give near Fruitland	est tawn)			Fruitl	and							
		. NAME OF HOSPITAL OR INST	ITUTION (If not in ho	spital, give street oddress)		d. STREET ADDRESS	100,242.00			e. IS R	ESIDEN			
		Cedar S				Cadar	et	t		A FARM				
		NAME OF	First	Middle		Lost	4. DATE	Man	th	Day	Year			
	-	DECEASED (Type ar print)	aura	M	F	Pollitt	OF DEATH	Decemb	oer	28	19 6			
	S.		OR RACE 7. MA	RRIED NEVER MARRIE	0 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 Y	YEAR IF UN	DER 24			
		F	C WID	OWED X DIVORCE		7/16/1897		7 lest birthday)	Manths [Days Hau	rs			
	100	USUAL OCCUPATION (Give kind	of work done	10b. KIND OF BUSINESS OR	1-11	11. BIRTHPLACE (County 8	eign country)	n country) 12. CITIZEN OF WHAT						
	duri	ng mast af warking life, even if	ng life, even if retired) INDUSTRY			Marvl	and	COUNTRY?						
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N					-			
		Charles		Jones		Lucin	da	Ande	rson					
		WAS DECEASED EVER IN U.S. AR		16. SOCIAL SECURITY NO.	17. 11	NFORMANT		Addr						
	(Ye	s, no, or unknown) (If yes give	wor or dates at service	e)	Ge	nevieve J	ones	Friii	tland	Md				
ŀ		18. CAUSE OF DEATH (Ente	only one cause per	line far (a). (b), and (c)	7	1	,	11			BETWI			
		PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (a)	Hisheto.	10/11	a CASAIXI	home	WALL	20,00	ONSET AN	D/DEA			
		4120	DUE TO	Alle Ville	gysals	- Lo - Local C		1		024	1			
-		Conditions, if any, which gar	/e) /b)	16 00 10	01	m			1	Such!	20			
1		rise to immediate cause (o),												
1		stoting the underlying cause (c)												
I		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS' PERFORMED?												
ı	MEDICAL CERTIFICATION	443 V								YES T	NO IKWED			
ı	FIC	20o. ACCIDENT WAS UNDERLYI	NG 🗆	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in F	Part I ar Part	II of item 18.)						
ı	GE	OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EX												
	₹	20c. TIME OF INJURY Month		20d. INJURY OCCURRED		E OF INJURY (Home, farm		(City or town)	(Coun	ty)	(Sto			
	MED	Haur a.m. p.m.	19	While at wark Ot work	focto	ory, street, office bldg., etc.)			. 1	1-				
I			1) (this haspital):	patter od the deceased	fram	100	967.10	28/1	CP 196	That ((w			
ı		saw the deceased			and that	death accurred at	MOM	, fram causes	and an the	date sta	ted o			
		22a. SIGNATURE	7	no-		ATTENDANG &	WED.	CTAFF	22b. DAJ.	ESIGNED				
ı		THE	2 1110	261	M.D	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		Lec_	-6			
ı		22c. PHYSICIAN'S		1), 11		22d. ADDRESS	1	1.	1/1		1			
		NAME (Type)	JIT1	Il Ynell	MI	all-	tu	y, no	1					
	23a		23b. DATE THEREOF		ETERY OK			CATION (City or To	wn) (C	County)	(Stot			
		REMOVAL (Specify)	1/1/196	9 Mt. Cal	Lvary	Cemetery	Fru	tl nd	Wiso	mien	Mo			
I		FUNERAL DIRECTOR	-01	ADDRESS	r	2So. REC'D	BY REGISTR	AR 2Sb. R	EGISTRAR'S SIG		-119			
Į	1	10 1	F. V.+ 1.0.	a + S-1.	1 0	DAZ DATA II	A 44	AA : 1991	,	4.				

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Claser and the Property Selection of the Bengary State on House Selection of the Selection ARAUL A SOLIT AS WEST AND RELIGIOUS TO A STANDARD OF THE SOLIT Land to the state of the state I have been seen a little of the standing of the the state of the s Butter! "Na-19-1966 - no which We than 18 1911 " Bagneote " 1914 - 1916 The Part of the Control of the Contr

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 9 & 11 per tele call withFH CERTIFICATE OF DEATH 18497 DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) JarTha le 1968 ecember 3. SEX 24 haurs after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR pletery filled in by the sarbon papers. Page -emal 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wicomico country) WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (It not in hospital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** 30. USUAL RESIDENCE (Where deseased lived, if institution: Residence before event 13c. CITY-DR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY please remave law requires that the death certificate be execut and in any 14. FATHER'S NAMI 1S. MOTHER'S IDEN NAME FIRST Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES!
Yes, no grunkpown) (If yes give war or bates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (#), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: 9 IMMEDIATE CAUSE (o crematian, wos DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been ed far use as the af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO K 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 3 shauld be detached with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at wark 22a. I certify that (1) (this haspital) attended the deceased fram 11-9, 1968, ta 12-16 , 1968 , that (1) 19 68, and that in (my) (our) apinion death occurred on the date and have and from the saw the deceased alive on___ 12-14 causes stated abave, (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. 8URIAL CREMATION 23b. DATA 23c. NAME CEMETERY OB CREMATORY 23d. LOCATION y or Town) (Stote) (County) REMOVAL (Specify) r4 dole ted VR A15



FOR STATE HEALTH DEPT.

any delay is 2, and 3 ta PMR3 Pode e State Depo O DEPUTY DICAL EXAMINEK: This certificate shows by processary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1. 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with th the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along Health prior to burial, cremation, ar removal, and in any event within 72 hours after death.

DICAL EXAMINER: This certificate shauld be executed within 24 hours after death

TO DEPUT

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFI

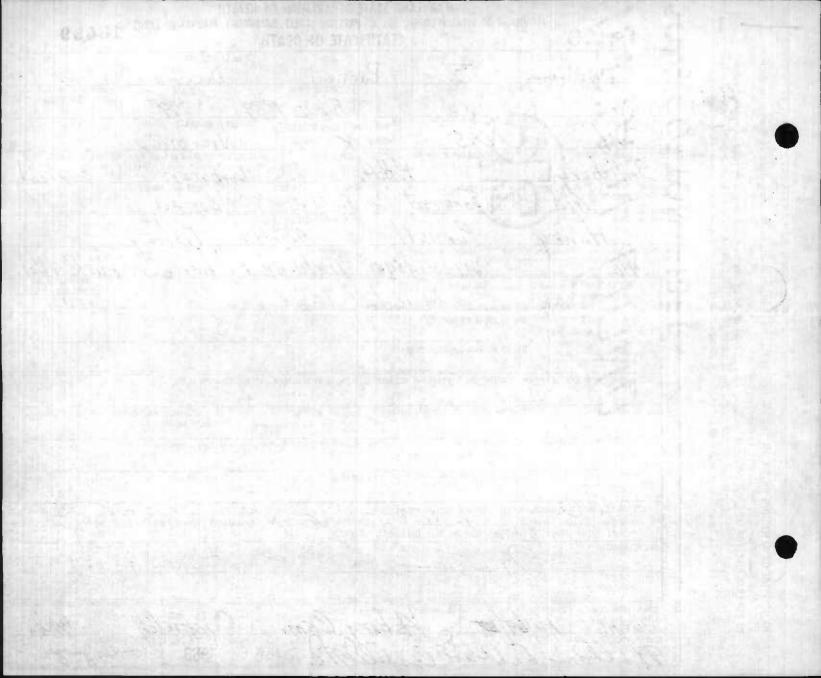
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CATE	OF	DEATH	1	8	4	9	8

	ECEASED-NAME Type ar Print)	First MILFO		Middle LESTER		lost PURNE			20. DATE KNOWN[OF ESTI- DEATH MATED [Day Year -1-6819	2b. HOUR
	lale	4. RACE AA	S. DATE OF BIF	-43	AGE (In years last birthday) 25 YRS		YS HOURS	MIN.	2c. DATE PRONOUN Month 12	CED DEAD Day 1	^{Year} 1968	2d. HOUR
coun	Mar	vland	7b. CITIZEN OF WE		WID		DIVORCED		NTY OF DEATH Wicomic			Md
18	Will	ards	give	ame of Hospital oi street padress) 50			during L. S	most of		if retired.)	12b. KIND OF BUINDUSTRY	ISINESS OR
13a. o	USUAL RESIDER dmission) STAT	NCE (Where deceas E Md •	ed lived, if institu W3b. COUNTY T	ution: Residence bef Vorceste	r Be	or town erlin	13d. INSIDE CITY YES		RFD 2,		48	
14. F	ATHER'S NAME	First	Middle		st	1S. MOTHER'S		First		Middle	la	
		Wilmer		Purnel			Li:	llia			Bla	lke
	WAS DECEASED E Les no, or unkno Yes	VER IN U.S. ARMED F	ORCES? war or dates of service)	16b. SOCIAL SECURIT		17. INFORMANT				RESS		
-	res					Sarah	Purne	11 1	Y F D 9	Box	18 Rap	11n
K) BY: TE CAUSE (a)	ine for (a), (b), and Drownin AS A CONSEQUENCE	g			113			BETWEEN ONSI minut	
	rise to imme stoting the u last.	ony, which gave diate cause (a), anderlying couse	(b) DUE TO, OR	AS A CONSEQUENCE								
z	PART 2. OTHER 824.	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT I	IOT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION	N GIVEN IN PART 1(0)		
TIFICATIO	19a. DATE OF	OPERATION		19b. CONDITION FO WAS PERFORM	ED?						20. AUTOP:	
MEDICAL CERTIFICATION	21o. EXTERNAL PRIMARY X CAUSE OF DEA 21d. INJURY O	OR CONTRIBUTING [3 HOUR A	M. 12-1-6 At hame, farm, street	a Di	Alc. HOW INJURY CIVER PIV. 21f. LOCATION Str	of au	to w	e of injury in Part I rhich ra City or Town	or Port 2, I	f road	
-	WHILE AT WORK		tory, office building his	g, etc.)					ls, Wico	mico	ounty , Maryl	Stote and
	death r	esulted fram: Earl L	Natural due	he remoins describes Accidents M.D.	ent X,	Suicide		DICAL EXAMINE	Undetermined R	22b. DATE		ny apinion
23o	BURIAL, CREMA REMOVAL (Spe Urial		DATE /7/	ALC: THE RESERVE OF THE PARTY O	of CEMETERY	OR CREMATORY			COCATION (City or 1	orces		(State)
24.	Clinto	/ Il de NO	art, Sa	west AD	oress , Md.		DATE D	-	1968 25b.	gelio gelio	SIGNATURE	ye

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	7077	CERTITIO	AIL OI DEAIN		
	DECEASED-NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	Williams	J. Pur	nell	December 2	9 1968 11 A
3.			5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
	male Ne	gro	FED 10, 1889	last birthday) YRS.	NONTHS DAYS HOURS MI
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF W	HAT COUNTRY? 8. MARRIED	NEVER MARRIED 9.	COUNTY OF DEATH	
	" Und:		DIVORCED	WICOMICO	
10.	CITY OR TOWN OF DEATH	IAME OF HOSPITAL OR INSTITUTION (If n		OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
0	DALISDURY	L. D. H.		of working life, even if retired.)	INDUSTRY FOOD
0 13c	D. USUAL RESIDENCE (Where deceased lived, if institutionssion) STATE 13b. COUNTY	E/	- 11		
	- 111G V		FIELD YES A NO	001276	
2 14.	FATHER'S NAME First Middle	D Lost	. MOTHER'S MAIDEN NAME First	/ Middle	Lost
	HENRY	TURNE!!	11/1/11/11	[1/8//EY	
16	b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or, unknown) (If yes give war or dates of service)		NFORMANT!	Address .	15 11 uni
	110	217-03-1454#	MICHELI	ISHER CVISI	-112/d Macl
10	18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY:	// /	, 1		BETWEEN ONSET AND DEATH
do	IMMEDIATE CAUSE (o)	All Michael	himmingen		15 day
6		AS A CONSEQUENCE OF			
	Conditions, if only, which gove rise to immediate couse (a), (b)				
4	stoting the underlying couse DUE TO, OR lost.	AS A CONSEQUENCE OF			
AL 19		ITINO TO DELTA BUT NOT DELLATED TO			
88	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JIING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
NOL	190. DATE OF OPERATION 196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	SIDEDED IN CEDTIEVING
CERTIFICATION	170. DATE OF OTERATION 170. CONDITION FOR WI	TICH OPERATION WAS PERFORMED		CAUSES OF DEATH?	ISIDERED IN CERTIFYING
ERT	210. ACCIDENT WAS UNDERLYING 21b. TIME O	E INBIDY	YES NO	oture of injury in Port 1 or Port 2, Ite	10.)
3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	Month Doy Yeor	THIS COUNTY OCCURRED (Enter no	of the of injury in Port 1 of Port 2, Ite	m 18.)
MEDI	(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY	/ AT HOME, FARM, STREET, FACTORY \ 216 LO	CATION Street or DED No.	City or Town	County Stote
		(AT HOME, FARM, STREET, FACTORY.) 21f. LO OFFICE BUILDING, ETC.	CATION SHEET OF K.P.D. NO.	city or town	County Stote
43	22a certify that (1) (this hasnital) att	anded the deceased from	12-19 10 61	to 12-29 106	+ that 413 (hua) 1
	22a. I certify that (1) (this haspital) att saw the deceased alive on couses stated abave, (I) (we) (did)	12 -27 19 4F, and	that in (my) (our) opinio	an death occurred an the date	e and haur and from t
		(did not) view the body ofter of	leath.		
	22b. SIGNATURE		ATTENDING MED.	STAFF 22c. DA	TE SIGNED
	7.1	U V oca- DEGR	EE PHYS. DIREC	CTOR PHYS	2-67
1	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
00		OO. NAME OF CONCESSOR OR	CDENATORY	21 LOCATION IC:	
230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OR	CKEMATUK) 2	3d. LOSATION (City or Jown)	(County) (Stote)
24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY R	EGISTRAR 25b. REGISTRAR'S SI	GNATURE
y	dt 111. 51,	16 10 10	JAN A	1969 Milan	las ludge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18500 CERTIFICATE OF DEATH I. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) =DWIN MONROE Yeor 196 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNOFR 1 YEAR WHITE d completely filled in by I move tarbon papers. Po 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH AWARE within 72 WIDOWED DIVDRCED [WICOMIC 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) -NINSIILIA event RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost 00 ond in 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) WARI 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been use as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p 12.11.6 YES | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Nat while City or Town County Stote 22a. I certify that (I) (this haspital) attended the deceased from 12-3 . 1968 to 12-2 saw the deceased, olive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. 22d HYSICIAN'S 22e. ADDRESS NAME (Type 23b. DATE 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) GOD PELLOWS CEMETERS VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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3 SEX completely filled in by the nave carban papers. Pages by event, within 72 haurs af remave physician and signed by the burial-transit p as the has been CERTIFICATION

law requires that the death certificate be executed within 24 haurs after death

O FUNERAL DIRECTOR: After this certificate far be retained by should

CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF OFATH 2b. HOUR (Type or print) ADDIE DUNCAN RAYNE Dec. LE LINDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS last birthday) HOURS 1882 Female White Apr. 17. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED -DIVORCED [Wicomico 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af wark dane 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.)
Housewife **INDUSTRY** Willards St. Own Home 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland 13b. COUNTY YES NO T Willards comico Main St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Brittingham Marth. Lemuel Duncan 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) (If yes give war or dates of service) Miss Agnes Rayne, Willards MD. 215-38-1015 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TO YES 🔲 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1950, 19, ta 1950, 1950, 1950, 1950, that (1) (we) last saw the deceased alive and 1867, 1950, 1960, and that in (my) (aur) apinian death accurred an the date and hauf and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF **OEGREE** PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Frank R. Lewis Willards, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION New Hope Cem. 2/17/1968 Willards 24. FUNERAL OIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Show Hill, Md. OATEDEC 1 8 1968

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MARYLAND STATE DEPARTMENT OF HEALTH 18390 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type or print) MILDRED 3. SEX 4. RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS MONTHS HOURS completely filled in by the FomAle White Dec. 21, 1902 7o. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) Maryland WICOMICO U.S.A. WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Salisbury General Hosp during Catyorking if exertif retired.) Government 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 😿 NO Walnut Street Pocomoke orcest and in any 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Samuel Schoolfield, Sr. Ray Irene Dorsey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address no Yes, na, ar unknawn) 212-03-5446 Miss Doris Schoolfield, Pocomoke, signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (o) cremation, Canditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO P Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. af 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased from saw the deceased alive on 19 58 and that 68, and that in (my) Lour opinion deoth occurred on the dote and hour and fram the saw the deceased alive on causes stoted abave, (1) (we) (did) (bid not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF DEGREE DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OF XREMOTERY 23d. LOCATION (City or Tawn) (County) 12-18-1968 Salem Methodist Pocomoke City-Wor.-Md. 2Sa. REC'D BY REGISTRAR

n Pocomoke City, Md.

DATE DEC 20

1968

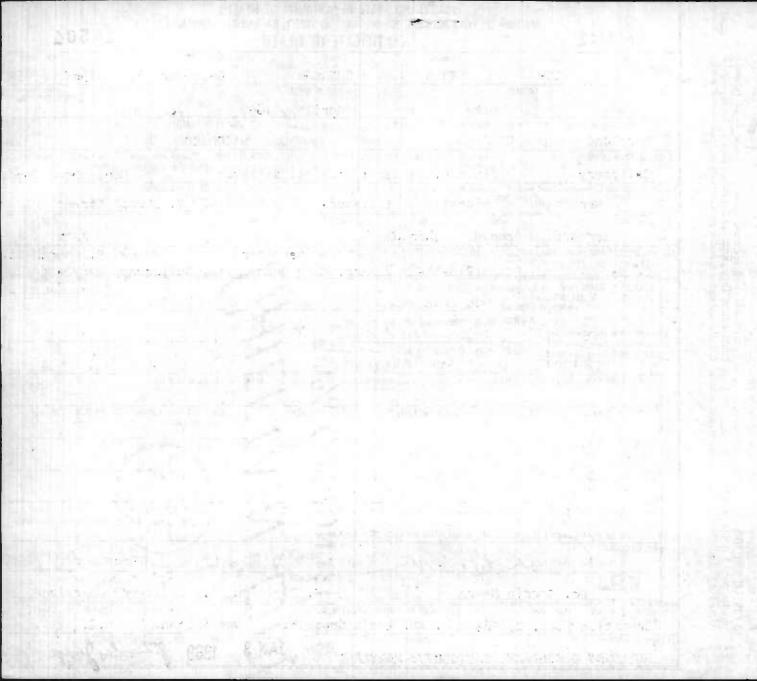
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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- 1	上の生しま			EKTIFICATE	OF DEATH		-	1000;	
	DECEASED-NAME	First	Middle	la	st	2a. DATE OF DEATH			2b. HOUR
	(Type or print)	LEW	FRANK	SHE	RMAN	December	38°y	1968	6:451
3.	SEX	4. RACE		5. DAT	E OF BIRTH	6. AGE (In	veors IF		IF UNDER 24 HRS. HOURS MIN.
	Male		hite	Ap	ril 7, 18	90 last birtl	YRS.	MINS DATS	HOURS MIN.
70	. BIRTHPLACE (State or foreign		OF WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED 🗌	9. COUNTY OF DEATH			
(0	Maryland	US		WIDOWED	DIVORCED 🔀	WICOMICO			Mo
30 ID.	CITY OR TOWN OF DEATH Salisbury	- 7 1	II. NAME OF HOSPITAL OR INS give street oddress) Peninsula Ge	neral Hos	pita during m	AL OCCUPATION (Kind of working life, even in esman	rark dane f retired.)	12b. KIND OF BI INDUSTRY USEWNO	usiness or 1e Good
	o. USUAL RESIDENCE (Where d mission) STATE Mary 1	eceased lived, if in and 13b. COUN	stitution: Residence before	13c. CITY OR TOWN		13e. STREET AND N 0 □ 829 E•		Street	t
14	. FATHER'S NAME First	Mid	dle Lost	1S. MOTH	ER'S MAIDEN NAME	First	Middle		Last
	Bernar	d Arn	old Sherm	an	Belle			Kat:	z
16	a. WAS DECEASED EVER IN U.S Yes, no, or unknown) (If ye	. ARMED FORCES?	16b. SOCIAL SECURITY I	IO. 17. INFORM	ANT (Daught	er)	Address829	E. Chi	urch S
	No No	7 give war ar dalos (r 3614)	218-16-89	98 Mrs.	Mary Anne	Allen, Sali	sbury,	Mary1a	and
	18. CAUSE OF DEATH (Ent	er anly one cause	per line for (a), (b), and (c).	(ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	Preumo	ud				THE WATER	
	4867		OR AS A CONSEQUENCE OF	1 00	1				
	Canditions, if any, which g	(a) (b)	Lowen	20 0/20					
	stoting the underlying co	DUE TO,	OR AS A CONSEQUENCE OF	tot				100	
	last.) (c)	(Jan V	un "					
	PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	RIBUTING TO DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION GIVEN IN PART	(0)		
200	TO- DATE OF ODERATION	10L CONDITION TO	D WILLIAM ODERATION WAS DE	DEODMED 100	ALITODOVO	LOOP IT ALL IMEDE	FINIDINGS CONS	IDEDED IN CED	OTICVINO
X	19a. DATE OF OPERATION		R WHICH OPERATION WAS PE		a. AUTOPSY? YES NO		?		CHETING
			ME OF INJURY A.M. Month Doy Yeor	21c. HOW INJI	iRY OCCURRED (Ente	r noture of injury in Part 1	or Port 2, Item	n 18.)	
MEDICAL	(If either, notify medical e	xominer)	P.M. 19			4			
3	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION	Street ar R.F.D. Na	. City ar Tawn	1	Caunty	Stote
н	at work of work	V(1): 1 : 10			1-11/10/10	to / D 9	3000	11 4 /	(1) () 1
1	saw the decease	ed alive an	attended the decease ldid) (did nat) view the	9 and that	in (my) (aur) api		an the date	and haur a	(I) (we) la ind fram th
	22b. SIGNATURE	non	Al aru		TTENDING A	MED. STAFF DIRECTOR PHYS.		ember	3//19
1	22d. PHYSICIAN'S NAME (Type) Dr.	Carrie	Hearn	2	N. Divis	ion St., Sal	isbury	, Mary	1and
23	a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR CREMA		23d. LOCATION (City or	Town)	(County)	(Stote)
	REMOVAL (Specify) on	Jan. 2,1	969 J. Wm.	Lee's So	ns Co.		1,	D.C.	
24	I. FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D	BY REGISTRAR 2Sb.	REGISTRAR'S SIG	NATURE	
68	3 YAWOLLOH	COMPANY	SALTSBURY	MARYLAND	DATE	3 1969	more	and yearly	SE.

HOLLOWAY & COMPANY, SALISBURY, MARYLAND



	ıth.		-	d 2	ıth.	
	after dec		ne funer	ne set	oftended	
)	4 haurs		d in by t	Ders. Pag	72 haurs	
	within 2		tely filled	rban par	I, within	-
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	emave ca	shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs attendeath.	
-	e be	1	no no	Se re	ul pu	
	ertificat		physicic	hen plec	noval, ar	
	death (attending	ermit. Ĭ	ın, ar ren	
	nat the		the (nsit p	matic	
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	PHYSIC	idsou a	is cert	tached	Jept. o	
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1	ATTEN	tained	TOR: A	hauld	th the	
	L OR A	be re	DIREC	ige 3 s	iled wi	
	SPITA	Page 4 may be retained by the hospital ar attending physician.	NERAL	tar, pa	ld be f	
	TO HG	Page	TO FUI	direc	shan	
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E.	Marie Comment			EKIITICA	HE OF DEATH			100	00	
1. DECEASED-			Middle		Last	2a. DATE OF				2b. HOUR
(Type or p	Geo:	rge	Downing		Smith		Dee.	31	1968	6:05P
3. SEX	1000	4. RACE			DATE OF BIRTH		6. AGE (In year	rs	JF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White		IAN 27, 90	0	last bothday	YRS.	IONTHS DAYS	HOURS MIN
7a. BIRTHPLA country)	ACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF	DEATH Wicomic	0.0		Md
10. CITY OR	TOWN OF DEATH	11.1	IAME OF HOSPITAL OR INST	TITUTION (If not	in hospitol 120. USU.	AL OCCUPATION	(Kind of wark	done	12b. KIND OF E	
	Salisbury	give	street address)	tateMos	pital during m	ast of working	life, even if ret	red	INDUSTRY	
13o. USUAL F admission)	RESIDENCE (Where deceo	sed lived, if institu	Residence before	13C CITY OR TO	OWN \ 13d. INSIDE CITY L	LIMITS? 13e. STI	REET AND NUME			
14. FATHER'S	NAME First	Middle .	SMP Last	15. /	NOTHER'S MAIDEN NAME I		Mid		OBLIE	Lost
	CEASED EVER IN U.S. AR (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N		ORMANT ONER C	2 Rousi	3 Add	ress ZNTO	NMO	
IB. CA	USE OF DEATH (Enter a	nly one cause per l	ine far (a), (b), ond (c).)						APPROXIM BETWEEN ON	VATE INTERVAL
P/	ART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o)	Chronic p	ulmona	rv emphysem:	2			Year	
14	92X		AS A CONSEQUENCE OF							
	ons, if onγ, which gove immediate cause (a),				William Section 1					
	the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
last.		(c)								
5-1	2. OTHER SIGNIFICANT CO	NDITIONS CONTRIB	JTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OR C	CONDITION GIVE	N IN PART 1(o)			
19a. DA	TE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO	CALICEC	YES, WERE FIND OF DEATH?	INGS CON	ISIDERED IN CEI	RTIFYING
₹ □ OR CO	CIDENT WAS UNDERLY!! ONTRIBUTING CAUSE OF DEA er, notify medical exomi	TH HOUR A.M.		21c. HOW	INJURY OCCURRED (Enter	r noture af injur	ry in Port 1 ar F	Part 2, Ite	m 1B.)	
While of wark	ot work		(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		TION Street ar R.F.D. No.		ar Tawn		Caunty	Stote
22a. I	certify that (K(th aw the deceased c auses stated above	nis haspital) att ulive an 12, e, (X) (we) (did)	ended the deceased 19 (didnyt) view the b	fram , and t ady after de	/20/67 , 19_hat in (XX) (aur) api ath.	, ta inian death a	2/31/60 accurred an t	he date	, that and have a	(we) last and fram the
	MATURE	es L	Omna	COEGREE	TUI	MED.	STAFF PHYS.		TE SIGNED	7969
	HYSICIAN'S AME (Type)	Charles V	linnacett,	M.D.	Box 2018,		oury, Mo			#/U/
250 BURIAL, REMOV	CREMATION, 23b.	DATE 3, 196	9 23c. NAME OF C	EMETERY OR CR	1		N (City or Town) ((County)	M(State)
24. EUNERAL	DIRECTOR	MAD	ADDRESS	11200	2So. REC'D B	Y REGISTRAR		TRAR'S SH	GMAJURE	of the

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. H 21802	resired a resource	· · · · · · · · · · · · · · · · · · ·	Crania Control
	10-17	VOC 13/	Tual Lucas
		Detter Commence	No. 2 a Line

Person J and 2

Her death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

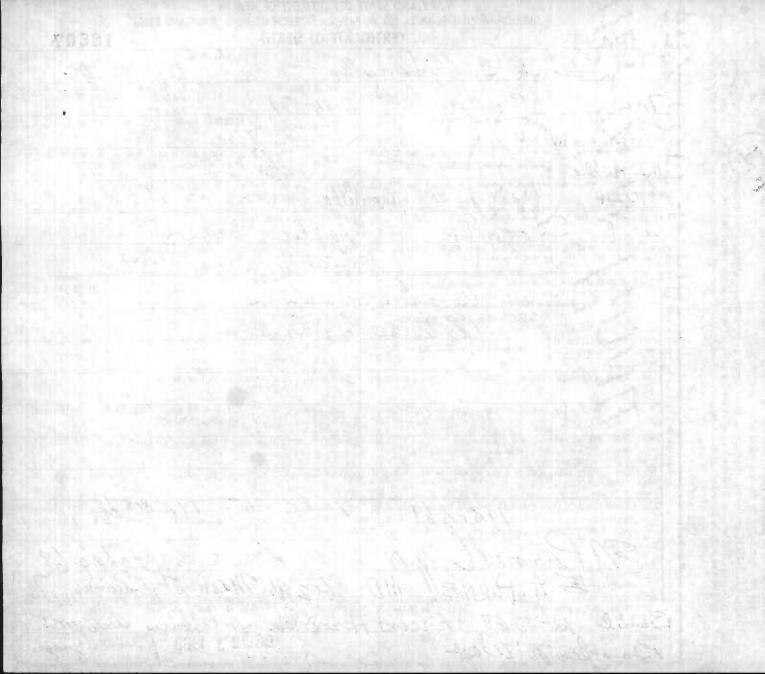
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Per shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours

VR A 5 7 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	SEC.	3		ERTIFICA	ATE OF DEA	TH		1	8506		
	ECEASED-NAME Type or print)	First	Middle		Last	2a	. DATE OF DEATH	th Doy	Year	2b. HOUR	
		NORMAN	BENJAMIN		4ITH		Decembe	r 21	1968	6:45P	
3. SE	EX	4. RACI		1	. DATE OF BIRTH		6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
	Male		nite		June 16,	1908	103 6	O YRS.	MONTHS	NOOKS MIN	
70. I	BIRTHPLACE (State or fo	oreign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	OUNTY OF DEATH				
(40)	Maryland	USA		WIDOWED			WICOMICO			M	
10. (Salisbury	Н	11. NAME OF HOSPITAL OR INS give street address) Peninsula Gen		ospital 120	a. USUAL OC ring mast of Carper	CUPATION (Kind of warking life, ever nter	wark dane if retired.)	12b. KIND OF INDUSTRY Build		
13a. adm	USUAL RESIDENCE (Whissian) STATE Mary	ere deceased lived, i	f institution: Residence before DUNTY Wicomico	13c. CITY OR 1	OWN 13d. INSI	DE CITY LIMITS?	13e. STREET AND		eet		
14.			Middle Lost		MOTHER'S MAIDEN N	IAMF First	JOTT DUIK	Middle	CCL	Last	
			oourne Smith		Emi		Jane		Foske		
	. WAS DECEASED EVER I	N U.S. ARMED FORCES	5? 16b. SOCIAL SECURITY N	NO. 17. IN	FORMANT (Wif			Address 1			
Υ	(es, no, or unknown) Yes	(If yes give war or dates of s	217-10-22		Louise		n, Salisb	•	ary1and		
	PART 1. DEATH W H 10 9 Canditions, if ony, wh rise to immediate co stating the underlyin last. PART 2. OTHER SIGNII	IMMEDIATE CAUSE DUE sich gave ause (a), ang cause	(a) COUNTY TO, OR AS A CONSEQUENCE OF (b) COUNTY TO, OR AS A CONSEQUENCE OF (c) COUNTRIBUTING TO DEATH BUT NO	Sur DI RELATED TO	THE TERMINAL DISEA	horasse or condition	L(TION GIVEN IN PART	1(0)			
N.	4201							100			
CERTIFICATION	190. DATE OF OPERATION	I9b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO		NO 🗌	20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?		ONSIDERED IN CI	D IN CERTIFYING	
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify medi	AUSE OF DEATH HOL	TIME OF INJURY JR A.M. Manth Day Year P.M. 19		V INJURY OCCURRED	(Enter natu	ure af injury in Part	1 or Part 2, it	tem 18.)		
W	21d. INJURY OCCURRE While Not while at work at work	D 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	30RY.) 21f. LOC	ATION Street or R.f	F.D. No.	City or Town		County	State	
	22a. I certify the saw the dec causes state	at (I) (this haspit leased alive an_ ed abave, (I) (we	al) attended the decease 1 2) (did) (did nat) view the	ed fram_ <i>f.</i> 2 9, and bady after de	that in (my) (au eath.	, 19 ır) apinian	, ta_/2/2 death accurred	an the dat	, that te and hour	(I) (we) las	
	22b. SIGNATURE	Can	in I Hen	DEGRE	11113.	MED. DIRECTO	OR STAFF		ember 🔏	3/196	
	22d. PHYSICIAN'S NAME (Type) Da	. Carrie	I. Hearn		22e. ADDRESS' 226 N.	Divis	sion, Sal	isbury	, Mary1	and	
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 24			ial Park	Sa	d. LOCATION (City of a 1 i sbury,	Wicom		(State) yland	
24.	FUNERAL DIRECTOR		ADDRESS		i nc	REC'D BY REC	GISTRAR 25b.	REGISTRAR'S	SIGNATURE		
	HOLLOWAY	& COMPAN'	Y, SALISBURY.	MARYLAI	ID I IN	C 2 7	1968	Mesh	A KANA	~	

HOLLOWAY & COMPANY, SALISBURY, MARYLAND



PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death ompletely filled in by event, within 72 hour popers. ottending physician and completely fi permit. Then please remove carban ond in any or removal cremation, the buriol-tronsit p signed by be retoined by the hospital or attending physician. Page 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been prior to far use as the Health of be detached with the Stote Dept. OR ATTENDING 3 should director, poge should be filed 15,34

45M

22d. PHYSICIAN'S NAME (Type 230. BURIAL, CREMATION REMOVAL Specify

23b, DATE

23c. NAME OF CEMETERY OR CREMATORY ADDRESS

DEGREE

Cres)

ATTENDING

22e. ADDRESS

23d LOCATION (City or Town)

DIRECTOR

STAFF

(County)

FOR STATE DEPT.

ment of necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land

Health prior to burial, cremation, ar remaval, and in any event within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ARED LCAL	EMARAINIEDIC	CERTIFICATE	AF BEATH
MEDIC AL	EXAMINER'S	(FRITER VIE	UP DEVIB
THE LITTLE AND		CENTILICALE	VI DEMILI

18509

			IIIEDI	NAME OF TAXABLE PARTY OF	11.00							
	ECEASED-NAME	First		Middle		Lost				Month Do	y Yeor	2b. HOUR
(Type or Print)	HERB	FRT	CHANDLER		STURG	IS		OF ESTI-	12/17	1968	B 6 M
3. S	Y	4. RACE	S. DATE OF BIR		E (In years	I IF UNDER 1 YEAR	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DI		17	2d. HOUR
J. J	Male	White		2, 1880 88	birthday)	MONTHS DAYS	HOURS	MIN.	Month Da		Yeor 1968	6 M
70.	BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF WH			ARRIED NEVER N	ARRIED	9. COL	JNTY OF DEATH			
	try) Mary		USA			_	ORCED		/ICOMICO			Mo
10. (ITY OR TOWN C	OF DEATH		AME OF HOSPITAL OR II				JSUAL O	CCUPATION (Kind of work	done 12t	. KIND OF BUS	
		sbury	give 61	reet oddress) 4 Truitt S	tree	t			f working life, even if reti		ce Comp	any
130.	USUAL RESIDEN	ICE (Where deceos	ed lived, if institu	ition: Residence before	e 13c. CIT	Y OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER			
0	dmission) SIAI	E Marylan	d 136. COUNTY	Wicomico	Sa1	isbury	YES K	NO 🗌	614 Truit	t Str	eet	
14. [ATHER'S NAME	First	Middle	Lost		1S. MOTHER'S M	AIDEN NAME	First	Middle		Los	
		Peter		Sturgi	S		Ε	11en		(u	nknown)
		VER IN U.S. ARMED I		16b. SOCIAL SECURITY N	NO.	17. INFORMANT	aught	er)	ADDRESS L	+07 B	arclay	St.
()	es, no, or unkno	WIT) (If yes give	war or dates of service)	214-10-66					ry, Salisbu			
-		F DEATH (Enter on	v one rouse per li	ne for (o), (b), ond (c).				0.0	7,001,000		APPROXIMATE	INTERVAL
		DEATH WAS CAUSED	BY:			f laft	0070	n u	ith metast	agis	BETWEEN ONSET	nths
	152) IMMEDIA	11 CHOSE (0)			1 7010	0010	II AA	Toll modal	Jasz	, 1.10	11 0110
	Conditions if	ony, which gove	DUE 10, OR	AS A CONSEQUENCE OF								
		diote couse (o),	(b)		175.0							
- 4		nderlying couse	DUE TO, OR	AS A CONSEQUENCE OF	ŀ					34.0		
- 3	last.		(c)									
753	PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NOT	T RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(0)		37 32	
Z	153)							5 mg 1 7 mg			
CERTIFICATION	190. DATE OF	OPERATION		9b. CONDITION FOR WHICH OPERATION							20. AUTOPSY	?
TIFIC				WAS PERFORMED	WAS PERFORMED?						YES 🗆	NO X
(ER	210. EXTERNAL			INJURY Month, Doy, Yea	or	21c. HOW INJURY	OCCURRED (Er	nter notu	are of injury in Port 1 or Po	ort 2, Item	18.)	
MEDICAL	CAUSE OF DEA	OR CONTRIBUTING [HOUR A.		3.8							
MED	21d. INJURY O	CCURRED 21e.	PLACE OF INJURY (At home, form, street,		21f. LOCATION Stree	et or R.F.D. No).	City or Town	- (County	Stote
	WHILE AT WORK	NOT WHILE TO	tory, office building	g, etc.)	-							
	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection X, Inquiry X, and in my apinion											
	death resulted free: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner											
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER											
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED											
	EXAMINER'S	Earl L	. Royer,	M.D. (EPUTY MEDICA			<u>ecemb</u>	er 20/	1968
	NAME (Type)	409 Ca	mden Ave	., Salisbu	iry,	Md. A	DDRESS(Stree	t, city, to	own, or county)			
230	BURIAL, CREMA	ATION. 23b.	DATE	23c. NAME OF	CEMETER	Y OR CREMATORY		23d	. LOCATION (City or Town)	(Co	ounty) (S	tote)
10	REMOVAL (Spe Burial	(ITY)	c. 20.19	68 St. Jo	hn	Cemeter	·v	Po	wellville W	icomi	co Mar	vland
24.	FUNERAL DIREC	TOR		ADDR	ESS	J Cline E C	2So. REC	D BY RE	owellville.W GISTRAR 2Sb. REGIS	TRAR'S SIGI	NATURE	7 4 4 1 4
4	HOLLOW	MAY & COM	PANY SA	LISBURY, N	AARYI	AND	DATE DE				a. Carl	

VR A15ME (5)

TO DEPUTY

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		Tanana Pendus II	
		and an object of the same	
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Name (2017)		Signature to the state of	
AND LABOR OF THE PARTY.		Ayror Cook I thought and Michigan	
		The second secon	
		William Tall Age of Building	
		nell vond	
naet.	有工作等		

O FUNERAL DIRECTOR: After this certificate shauld be detoched with the State Dept. 22b. SIGNATURE ATTENDING STAFF director, page 3 should be filed v DEGREE PHYS. DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Burial 14.1968 Parsons Cemetery Salisbury, Wicomico, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR

VR A15 4

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

6 1968

2Sb. REGISTRAR'S SIGNATURE Miarles

(Stote)

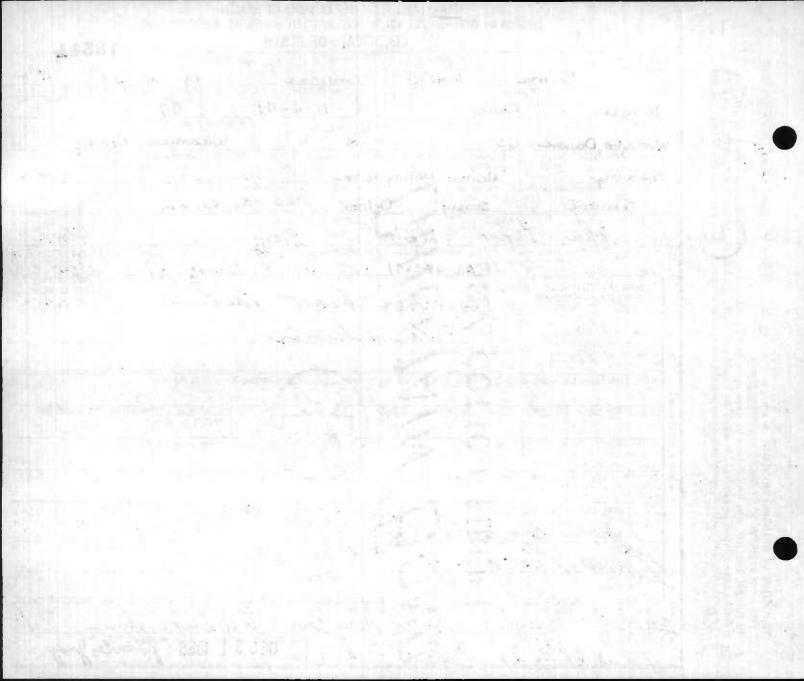
(County)

DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201

	1849	3		(CERTIFICA	TE OF I	DEATH			1851	1
	CEASED-NAME	First		Middle		Lost		2o. DATE OF		Na. Vaa-	2b. HOUR
(1)	pe or print)	Bert	na	Evelyn	To	mlins	ON		13 - 21	ogy 8 Year	1100 A-M
3. SE)	(4. RACE			DATE OF BIR			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Fernale		Cauc			11-	4-11		last birthday)	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (Stote or	foreign 7	b. CITIZEN OF WHAT		8. MARRIED	NEVER MARR	IED 9	COUNTY OF	DEATH		
count	Jilminaton 6	John ware	. 05		WIDOWED 🔀		CED [Which	omico	Country	Md
	TY OR TOWN OF DE			E OF HOSPITAL OR INS	Em	,	12o. USUAL	OCCUPATION	(Kind of work done	e 12b, KIND OF	BUSINESS OR
	Suistion		give stre	mico Wys	(a: 11-aa		during mos		life, even if retired.	.) INDUSTRY	Uma
	USUAL RESIDENCE V		the annual transfer and are	0 11	13c. CITY OR TO		3d. INSIDE CITY LIMI	ITS? 13e STI	REET AND NUMBER		ITON C
odmis			13b. COUNTY	laker!	Delma		YES NO		. #2		
14 F	ATHER'S NAME	First	Middle	Last			DEN NAME Fire		Middle		Last
	Je)	kn	Henry	Ell	3	HOTTIER 3 MAI	Mary	31		He	orn
16a.	WAS DECEASED EVER	IN U.S. ARMEI	D FOR(ES? 1	6b. SOCIAL SECURITY N	NO. 17. INF	ORMANT	a of	1/	Address	4 0	. 0./
16	es, no or unknown)	(ii yes give war	N GOLOZ DI ZOLAKOL	216-48-56	71 m	z Pa	ult	Kenn	en RD	2 Deln	ros, Del
	1B. CAUSE OF DEA	TH (Enter only	one cause per line	for (o), (b), and (c).)	,		1	1		MATE INTERVAL NSET AND DEATH
		WAS CAUSED I	BY:	mageste	me i	Che	41	Enti	ere		wx
	4409	IMMEDIATE	(-)	A CONSEQUENCE OF							
	Conditions, if any,	which gave)	DUE TO, OK AS	A CONSEQUENCE OF	1100	Per so					
	rise to immediate	cause (o),	(b)	A CONSEQUENCE OF	wice	wor	10				
	stating the underl	ying cause		A CONSEQUENCE OF							
		MICICANT COND	(c)	NG TO DEATH BUT NO	OT PELATED TO 1	THE TEDMINAL	DISEASE UD (U	MOITION GIVE	N IN DART I/o		
	11.0.	MITCAM COMD	TIONS CONTRIBUTION	TO TO DEATH DOT IN	OI KELATED TO I	TIL TERMINAL	DISEASE OR CO	MPTHON ONE	THE PART (O)		
8	19a. DATE OF OPERAT	ION 1195 CO	INDITION FOR WHICH	H OPERATION WAS PE	PEOPMED	20a. AUTOP	CV2	20h IF	YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
CERTIFICATION	190. DATE OF OPERA	170. CO	MDITION FOR WITH	TOPERATION WAS PE	KFORMED	YES 🗆	NO 🗆		OF DEATH?	CONSIDERED IN CE	.KIII IIIO
ERT	21a. ACCIDENT WAS	TINDEDIVING	Tour THE OF I	MILITAN	Int. HOW				D. 4 1 D. 4	0 1 101	
	OR CONTRIBUTING			Month Doy Year		INJURY OCCU	JKKED (Enter I	nature at injui	ry in Port 1 or Port :	2, Item 18.)	
MEDICAL	(If either, notify me	edical exomine	r) P.M.	19	9		120				
	21d. INJURY OCCUR While Nat while	e	ACE OF INJURY (T HOME, FARM, STREET, FAC IFFICE BUILDING, ETC.	(TORY.) 21f. LOCA	ATION Street	ar R.F.D. No.	City	or Tawn	County	State
	at work at work		hasnital) atton	dad the decoase	nd from	12-1	1 106	8 ta	12-271	0 Got that	(1) (wa) las
	22a. I certify that (I) (this haspital) attended the deceased from 12-12, 1968, ta 12-27, 1967, that (I) (we) las saw the deceased alive an 12-24, 1968, and that in(my)(aur) opinion death accurred an the date and hour and from the										
	causes sta	ted above	(we) (did) (d	lid nat) view the	bady after de	ath.)(uo., op	i a i a i a i a i a i a i a i a i a i a	iccomba an mo		unu mann m
	22b. SIGNATURE	1	97	1	> a10	ATTENDING	o Air	D	CTAFF 22	c. DATE SIGNED	
	Mars	4/7	wan	ent!	DEGREE		G MEI	RECTOR	STAFF PHYS.		
1	22d. PHYSICIAN'S	1		1/		22e. ADDR	RESS				
4	NAME (Type)			~							
23o.	BURIAL, CREMATION	23b. DA	TE,	23c. NAME OF	CEMETERY OR CE	REMATORY		23d. LOCATIO	N (City or Town)	(County)	(Stote) /
13	REMOVAL (Specify)	12	129/68	Inel	7 mil	b Con	n.	20	wes -	Lace	20cl
24.	FUNERAL DIRECTOR	1100	1	ADDRESS				RECISTRAR	25b. REGISTRA	R'S SIGNATURE	
	11/00 -	and 11	7 -1	A. Om	- 20.1	18	2Sa. RECIDERY	1116	968 FCC	carles you	MAK.

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours.



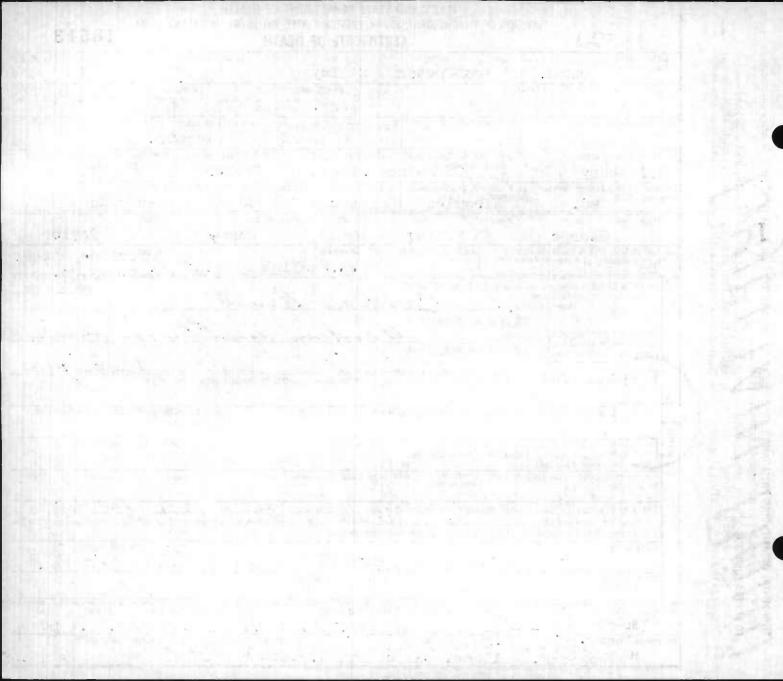
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18512 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Sandy 4 RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR within 72 hours after 3. SEX S. DATE OF BIRTH DAYS HOURS ugust e executed within 24 hours physician and campletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland carban papers. U.S.A. DIVORCED Wicomico WIDOWED [12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Peninsula give street oddress during mast af working life, even if retired.) **INDUSTRY** Salisbury General Hospital a bor event, 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO-YES remove in any 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Sandy Maters please Sarah Robinson PHYSICIAN: The law requires that the death certificated and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) or removal, en the attending parties are the 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse burial, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the prior to neu momo 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [USe of Health by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) detached for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING FTC. While Nat while ot work at work ATTENDING 22a. I certify that (1) (this sopital) attended the deceased from Dec 1968 to 1)ec 5 19 1968, and that in (my) (con) apinion death accurred an the date and haur and fram the saw the deceased alive on. Page 4 may be retained should causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED O HOSPITAL OR ATTENDING DEGREE director, page should be filed PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23h DATE LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Md. uantico uantico Burie FUNERAL DIRECTOR VR A15 (4) 30M REV. 1

SISTEMATICAL TOP

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18513

	LOUNG	CERTIFICATE OF DEATH								
	DECEASED-NAME First (Type or print) Duran	Middle Washington	Willey	2a. DATE OF DEATH Month Dec 1	year 2b. HOU					
3. 5	Male	4. RACE White	S. DATE OF BIRTH Aug. 22,	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 I					
70.	BIRTHPLACE (Stote or foreign Intry) Maryland		RRIED NEVER MARRIED OWED DIVORCED	9. COUNTY OF DEATH Wicomico						
0	CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL OR INSTITUTION	ON (If not in hospital 12a. US during a	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY					
adn	. USUAL RESIDENCE (Where deceased nissian) STATE Md.	Last samuel	ITY OR TOWN 13d. INSIGE CITY	The second secon	x Road					
14.	FATHER'S NAME First George	Middle Lost Willey	1S. MOTHER'S MAIDEN NAME	First Middle Lucie	Taylor					
160	z. WAS DECEASED EVER IN U.S. ARME Yes, na, ar unknawn) (If yes give war	D FORCES? or dates of service)	Mrs.Pauline		rince Stree					
	PART 1. DEATH WAS CAUSED	ane couse per line for (a), (b), and (c).) BY: E CAUSE (a)	leac ar	rest	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEAT					
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT COND	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT REL	ardiae a	CONDITION GIVEN IN PART 1(0)	2 yrs					
CERTIFICATION	190. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PERFORM	ED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING					
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part 2,	Item 18.)					
*	While Not while at wark	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. N		County Stot					
. 6	22a. I certify that (I) (this haspital) attended the deceased fram									
ď	22b. SIGNATURE	3 B Smin		MED. STAFF 22c.	2/2/68					
1 .	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS							
		2-4-68 Allen M	Meth. Ch. Cem	23d. LOCATION (City or Town) Allen Wi	(County) (State)					
24. 68	Thomas F	Wallace, Salish	oury Md. DATE	BY REGISTRAP 1968 25b. REGISTRAR	S SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18514 CERTIFICATE OF DEATH DECEASED-NAME Last 2g. DATE OF DEATH 2b. HOUR after death (Type or print) em. A RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HB last birthday) MONTHS 7o. BIRTHPLACE.(State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [7 WIDOWED [100mic within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTIONALL not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the deoth certificate be executed within and completely fill give street oddress) during most of working life, even if retired) **INDUSTRY** event, 13a. USUAL RESIDENCE (Where; deceased lived, if institution: Residence before please remove cor 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 3b. COUNTY Route ond in ony 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last the ottending physician sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) cremation, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-transit I IM MAN rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed b PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retained by the hospital or attending has been d for use os the of Heolth prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 YES [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) ottended the deceased fram_ ond that in (my) (our) opinion death accurred on the date and hour and fram the saw the deceased alive an_ director, page 3 should should be filed with the causes stated above (1) (we) (did) (did not) view the body ofter death. b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYSICIAN': 22e. ADDRESS NAME (Type) 230. BURIAL, CREMATION 23b. DATE. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) W/00 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

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